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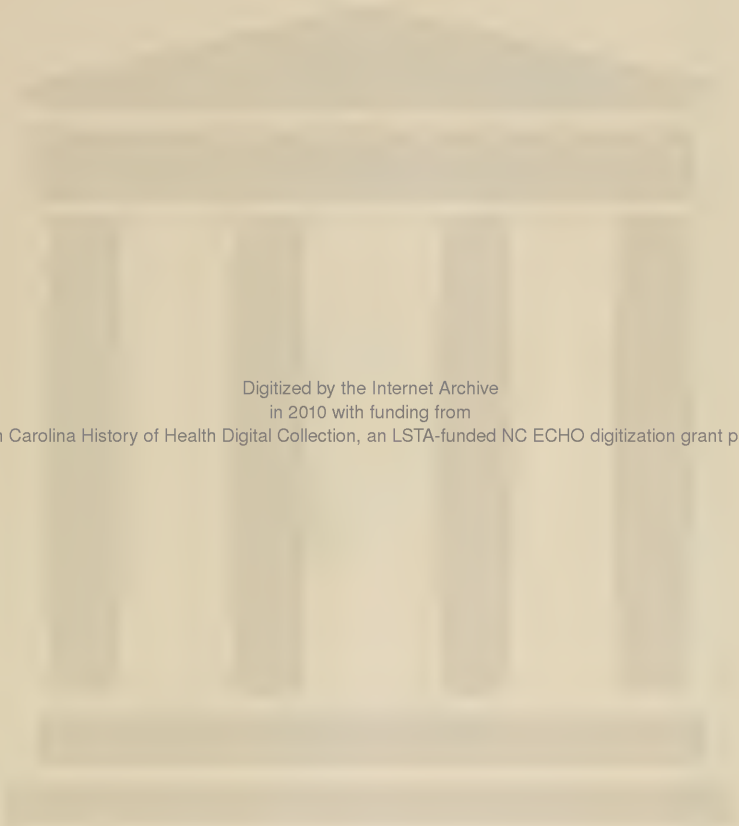
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THE  
BULLETIN  
OF  
The North Carolina  
Dental Society

(Component of the American Dental Association)



CONTAINING THE  
PROCEEDINGS  
OF THE  
SIXTY-FIFTH ANNUAL MEETING  
MAY 1, 2, 3, 1939  
RALEIGH, NORTH CAROLINA

~ Vol. 23

AUGUST, 1939  
GREENSBORO, N. C.

No. 1



# THE BULLETIN

....of....

## THE NORTH CAROLINA DENTAL SOCIETY

(Component of the American Dental Association)

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### PROCEEDINGS

OF THE

SIXTY-FIFTH ANNUAL MEETING

MAY 1, 2, 3, 1939

RALEIGH, NORTH CAROLINA

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VOL. 23

AUGUST 1939

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# PROCEEDINGS

OF THE

## NORTH CAROLINA DENTAL SOCIETY

### SIXTY-FIFTH ANNUAL SESSION

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GENERAL SESSION  
MONDAY, MAY 1, 1939

The opening meeting of the Sixty-fifth Annual Session of the North Carolina Dental Society, held at the Sir Walter Hotel, Raleigh, convened at 10 o'clock a.m. Monday, May 1, 1939, Dr. G. Fred Hale, Raleigh, presiding.

*President Hale:*

The Sixty-fifth Annual Meeting of the North Carolina Dental Society will come to order. We will stand and have the invocation by Dr. S. L. Stealey, pastor of the First Baptist Church, Raleigh.

*Dr. Stealey:*

Almighty God of the universe, humbly we pause to recognize Thy presence, Thy righteousness, Thy majesty. We ask that Thou wilt take of what we are, what we have and what we are able to do and fit it into that one great plan that makes life perfect. Give us faith in our hearts and common sense in our heads until we shall be able to plan and provide for the ongoing, not only of the business of dentistry but of the Kingdom of God among all the men of the earth. Combine our fellowship and our friendship and meditations and plan according to the direction of Thy Holy Spirit in which alone is truth and right. In Jesus' name we ask it. Amen.

*President Hale:*

Unfortunately, the Mayor of the City of Raleigh was unexpectedly called out of town but he has sent us an unusually good man to welcome you to the City of Raleigh. I recognize Mr. R. L. McMillan, of Raleigh.

*Mr. McMillan:*

It gives me a great deal of pleasure to extend to you on behalf of the Capital City, your city, a cordial welcome. Every person has his own personality. Every city has its own personality. We, in the City of Raleigh,

we, in the State of North Carolina, like to believe that characterizing the City of Raleigh is hospitality. It was named for Queen Elizabeth's gallant knight, noted for his gallantry. On behalf of the City of Raleigh, on behalf of the citizens of Raleigh, on behalf of your capital city, in the name of its Mayor, I extend to you a cordial welcome, hoping you will find hospitality. You deserve it. When your sessions have concluded I hope you can say it was the greatest convention in the history of your organization, that a definite contribution was the courtesy and hospitality of your own Raleigh. On this May day, this beautiful spring day, I extend a welcome to you for your Capital City. I thank you. (Applause.)

*President Hale:*

Thank you, Mr. McMillan.

I recognize Dr. William M. Matheson, of Boone, who will make the response to the address of welcome.

*Dr. William M. Matheson:*

*President Hale, Members and Guests:* In behalf of the members of the North Carolina Dental Society I wish to thank you and to express our appreciation for this kind and generous welcome to your fair city. It is, indeed, a privilege for us to hold our 1939 meeting here, for as citizens of North Carolina we have a genuine affection for Raleigh, our State Capital.

There are many reasons for our being proud of Raleigh. The story of the capital of North Carolina is a choice gem in American history. In this history we get a cross-section of a virile and industrious people. Our forefathers were early settlers and they with their posterity have played a magnificent part in developing and shaping the destiny of our great Nation.

The beauty in your good city, and ours, is that which has been selected and preserved from her best throughout the ages. One entering Raleigh, who lives not within her borders, marvels at the enduring restfulness of her setting with her colonial and modern homes, her splendid churches, her great educational institutions and her proud State buildings sheltered by an array of portly trees whose very numbers seem to be without end.

We do not realize, perhaps, what an influence this environment has in shaping the decisions of our Legislators. North Carolina has been blessed through the various official representatives. Through the wisdom and guiding hand of her laws her people are protected today from the shame and horrors of quackery in medicine and dentistry. Through the influence of this same wisdom and guiding hand, Mr. McMillan, North Carolina presents before you at this hour one of the most ethical and most highly trained groups of dentists in America.

We are delighted to be here and we shall enjoy our stay in Raleigh.

*President Hale:*

Thank you, Dr. Matheson.

*Vice President Dr. C. M. Parks:*

*Ladies and Gentlemen:*

I present to you the President of the North Carolina Dental Society, who will bring his annual message at this time.

*President Hale:*

*Mr. Chairman. Fellow Members of the Society and Guests:*

The president of an organization should be heard from as little as possible. With this thought fresh in my mind, may I beg forgiveness for taking a moment of your time and presuming to be able to tell you something which might be of value.

These meetings tear down professional provincialism and build up understanding. They give us an opportunity to not only know better the man across the street from us, but also to better know the man in the other town. Most often when there is one among us who is a continuous cause of strife you will find that he is either not a member in good standing, or, if he is, he does not attend the local and state meetings regularly.

The world is moving too fast and there are too many modern divergent philosophies not to have cohesion within a given profession for the advancement of knowledge, for the creation and maintenance of good will, and for the protection of the public. A free discussion of our problems, devoid of personalities, is essential for growth, but when personalities become predominant chaos is the result, and the profession is dwarfed to the stature of the participants. Fortunately in this state and in the South generally we are a homogeneous people, and we handle our purely local problems with a minimum of friction, as the interest of the profession demands.

I am proud to practice dentistry in North Carolina where high ideals and noble aspirations prevail, where the force of thought and energy of our membership are directed in a channel, the main current of which is for better service to the people whom we serve. If the quality of our professional service and the forces which we expend for civic and spiritual advancement appraise us, and I believe they do, then we should rank foremost in the civilization of our state. We as individuals in our communities make the composite picture of our profession, and let us never lose sight of that.

The benefit derived from attending scientific meetings lies not so much in the knowledge directly gained as it does in its possibility to excite thinking, critical thinking, of the subjects presented. Such an attitude of mind would have a tendency to open up avenues of imaginative thought and stimulate a desire to look for evidence to support our opinions.

There has been a lot said and written about the progress of dentistry, its opportunities and responsibilities. Much has been accomplished, but critical self-analysis is demanded for continued growth.

Are we building a foundation upon which to erect a finer and more adequate superstructure? Are we fortifying our opinions and ideas with wider knowledge in the light of present-day evidence? Are we going to the compiled knowledge of recognized students of merit in the basic sciences in an effort to keep abreast of the advancing tide of investigative information? When we have gathered further enlightenment in the fields of biology, genetics, the problems of growth and development, physiology, pathology, and all other possible factors which deal with the problems of dentistry, remote as well as



local, shall we be bewildered by the magnitude of our opportunities and responsibilities and be content to do the same things in the same way, or shall we be encouraged to make better restorations more nearly in harmony with the structural, biological and physiological needs of the individual, and to treat disease within our field of operation with more understanding. Dr. C. N. Johnson once said, "Ideals are seldom static. If we sufficiently grow in grace, the ideals of yesterday and today will not suffice for the demands of tomorrow. Unless we can point to a higher concept of our obligation to the profession and to humanity as the days go on, we shall have failed in our professional and personal duty."

The literature is rich with excellent information, but do we use it? Sir William Osler said, "To study phenomena of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all." Our offices are to us laboratories from which our daily departure should find us better equipped to do the next day's work, provided we fortify impressions with study from current literature pertinent to the problems at hand. Someone said, "Seeing is the commonplace, observing is the unusual," a casually dropped remark which deserves thought.

The frontier of knowledge is being advanced, but are we studying with patience and tolerance to further the services the dental profession should be able to give? Are we assuming our opinions to be facts? Are our observations based upon sufficient data and do we ourselves view them with a critical mind? Claude Bernard said, "If we experimented without a preconceived idea, we should move at random, but, on the other hand . . . if we observed with preconceived ideas, we should make bad observations and should risk taking our mental conceptions for reality." Let us not be afraid to ask ourselves all of these questions and then take the time to analyze all of our concepts.

There are other observations, of a somewhat different character, which might profitably be made, namely: Is there a philosophy in dentistry? Is the quality and the quantity of predental and dental education adequate? If both are adequate, why is there such a noticeable lack of literature for the public from the pen of dentists, when there is such an abundance from the pen of all other learned professions? We would never tolerate the belief that the dental profession interests a less ambitious student than those seeking other callings; then where must we point the finger of suspicion? These questions must sooner or later find an answer. Men in our Society have given unselfishly of their time, energy and money searching for the answer, among whom at the present time is Dr. W. F. Bell, Past President of the National Association of Dental Examiners, and at the present time a member of the Council on Dental Education.

While I have raised all of these questions, please do not think that I am unmindful of the great accomplishments of our profession, of its ideals, hopes, and aspirations. We grow by undertaking to discover our weak points and searching for remedies, and not so much by enumerating virtues already known. "We may point with pride to some of our achievements of the past, but these are not sufficient to carry us in the future. We still have much to accomplish, and if we are to measure up, it behooves us to look for new goals of achievement."

We do not achieve without effort, long and painstaking. Notable leadership of many men in our Society, too numerous to mention here, whose love for dentistry and whose intelligent, industrious and fearless leadership in initiating and prosecuting improvements in the profession, individually and collectively, does not pass without recognition. They early realized that problems could not be solved except by a critical and constructive analysis, and then by diligent prosecution of projected aims.

But with all of our technical knowledge, our splendid organization, our ideals, we are asking ourselves "Whither Dentistry"? It is hard to conceive that a government which has heretofore given protection to the profession and to the public by means of legal safeguards, would now reverse its policy. I must believe in my government to such an extent that if radical changes in policy are contemplated the request of organized dentistry will be respected. But here lies the danger—our attitude of indifference as to what is or might be contemplated by a small, militant, organized minority, which represents a transitory opinion of the needs and demands of the people of this country. So far the dental profession has been sufficiently alert to prohibit unsound legislation which would affect the practice of dentistry—our future safety lies in the vigilance of the men of our profession.

Dental caries is the most prevalent of all diseases, but I seriously doubt if an adequate service is as much a matter of economics as of education and desire. If our upper and middle strata of society know the value of dental service, are able to pay for it, and are even desirous of obtaining it, but just put it off, what do you expect of that army who don't know the value, don't desire the service, except in case of pain (which they now get), and can't pay. We can and have provided the facilities, but we cannot compel people to avail themselves of such. There must be reborn in many Americans a sense of individual responsibility for his own welfare. The government can no more supply medical and dental care for all of its people than it can all the other necessities of life. We, the people, are the government; or, so we were taught.

We must lend our force, initiative and inspiration to see that the management of professional obligations remain a proper function of the profession, that there be coöperation with government agencies, but policies and systems not be left to the dictates of a bureaucracy none too familiar with the problems of dentistry and the actual needs of the public; that higher standards of conduct and practice are liberally spread.

Further discussion of this subject by me is unnecessary, as we have been very fortunate in getting Dr. C. Willard Camalier, past president of the American Dental Association, to appear on our program on Tuesday to discuss "Some Pertinent Observations on the National Health Program."

This presentation would not be complete if I failed to mention with praise the recent work of Dr. J. Martin Fleming and express to him the gratitude of the members of the North Carolina Dental Society for his excellent History of the North Carolina Dental Society. It represents over two years of work, day and night, compiling, editing, proof reading, and supervision of printing. This book stands as a permanent record of North Carolina Dentistry from 1856 to date, and as a monument to his industry, determination and unusual ability. Your failure to purchase a copy will haunt you with regret in years to come.

I am not enumerating the activities of the Society during the year, as these will be covered in the various committee reports to the House of Delegates.

There are two recommendations I present for your consideration:

First: That the House of Delegates consider the advisability of selecting a nominating committee for the officers of the North Carolina Dental Society. This Society is blessed with able and conscientious men, with varying aptitudes and capacities for different kinds of work.

I believe that if we were to change our policy and select a nominating committee to study our membership and present names of candidates for the various offices that the good of the Society would be served. I would suggest that this committee be composed of eleven members, ten of whom would be elected by the House of Delegates, two from each District; and one to be appointed by the incoming president. This committee will meet and select their own chair-

man before the adjournment of the State Society Meeting at which they are selected. This committee will also meet on the day preceding the next annual state meeting and proceed to select two nominees for each of the various elective offices, and the report of this committee to be made during the first day of the meeting at a general session of the Society. Seven members will constitute a quorum.

Provision should also be made for supplementary nominations from the floor, in case such nominee or nominees have the endorsement of as many as ten members.

Second: Extensive search for the Seal of the North Carolina Dental Society has been fruitless. Dr. Fleming and your president worked up a design, which you will find on the cover of your program, and the Executive Committee adopted it *ad interim*. That the records may be clear I recommend that the House of Delegates adopt it and authority be granted for making a seal to be used on official documents of the Society.

If I did not feel a sense of personal responsibility for the success of this meeting I would not merit the confidence which you placed in me when elected, and which I value more highly than my command of language can convey to you. If this meeting merits your favor, credit is due, not to me, but to the untiring efforts and splendid coöperation of many individuals and committees, chief among which are: our efficient secretary, Dr. Paul Fitzgerald, the Program Committee, the Executive Committee, Dr. Frank Alford, our president-elect; the Editor-Publisher, Dr. Neal Sheffield, the result of whose labor eminently speaks for itself; the Local Committees, which have been working several weeks to prepare for our comfort and entertainment. (Applause.)

*Vice President Parks:*

Dr. Hale, I think you are to be congratulated for that able address.

The committee to report on the President's address is Dr. Paul Jones, Dr. H. O. Lineberger, and Dr. I. R. Self.

*President Hale:*

I now recognize Dr. W. T. Smith, who will report for the Necrology Committee.

## NECROLOGY COMMITTEE REPORT

*Dr. W. T. Smith:*

Since last we met some of our comrades have answered the last roll call. They were borne to a new-made tomb by sorrowing friends and there left to return unto dust from which they came, but their works still live among us. This stands as a memorial to them. I now recognize Dr. J. H. Guion of Charlotte.

### DR. W. MARVIN ROBEY, CHARLOTTE, N. C.

Dr. W. Marvin Robey, past president of the North Carolina Dental Society, died at the home of his sister, Mrs. William Morgan, in Glendale, California, July 19, 1938, in his 59th year.

Dr. Robey was born in Elkin, N. C., November 30, 1879, the son of a Methodist minister. He received his early education in the schools of Elkin and later attended Vanderbilt University and immediately after completing his aca-



demic and dental education, practiced for a short time in East Central North Carolina, but came to Charlotte some thirty years ago. Here he distinguished himself in his profession and was active in the leadership of community betterment.

Dr. Robey was not only a fine dentist, but a fine man. His simple ruggedness of character and honest thinking made him the sort of man that flavors life for his fellows with zest and inspiration, and to give it glamour it would not otherwise have radiated.

Dr. Robey's life long interest in dentistry was devoted to elevating and maintaining the higher standards of his profession, both in education and techniques. He was the godfather to all the young dentists who sought his council and fellowship.

His death, therefore, takes much of helpful and joyful contact and fellowship out of the further experiences of a large concourse of friends and acquaintances who always found in him a spring-house of refreshment.

Dr. Robey professionally grew up with Charlotte and soon became a leader in the ranks of his fellow-dentists in the state. This rating was wrought not only because of skillfulness in sheer technique, but because, also, he was recognized as a willing contributor to the civic and public interest, an eager servant of the common good.

He occupied a high and useful place in the ranks of the diligent workers and unselfish men who have so successfully pushed our profession from its lowly birth to where it stands today. He has left behind him a record of professional excellence and a career as a loyal, public-spirited citizen and loftiness of personal probity and integrity worthy of all emotions.

Surviving Dr. Robey are his wife and an only son, Marvin Robey, Jr., of 3002 Belvedere Avenue, Charlotte, N. C. His funeral was held Sunday, July 24, 1938, at 5 o'clock, with burial in Elmwood Cemetery.

J. H. GUION.

*Dr. Smith:*

Dr. A. M. Berryhill of Charlotte is next recognized.

#### DR. ROBERT H. McLAUGHLIN

Dr. Robert H. McLaughlin died suddenly in his office on the afternoon of August 1, 1938, in Charlotte, North Carolina. He was 56 years of age. His death came as a great shock to our community. He was the youngest son of Ann Sturgis and John B. McLaughlin.

"Dr. Bob," as he was affectionately called, was graduated from the Baltimore College of Dental Surgery in the class of 1904, and located that same summer in Charlotte where he practiced until the day of his death.

He married Miss Margaret Wallace. Surviving him are three sons and two daughters.

For a quarter of a century he served his church as an officer. He had high ideals and always stood for what he believed to be right. He was charitable and a friend of the unfortunate, never turning away from anyone in need of the price of a loaf of bread.

"He laid up for himself treasure where moth and rust do not corrupt and where thieves do not break through nor steal"; and when his summons came he had so lived that he was sustained by an unfaltering trust.

To his children we say that the world is better because of the life of their father and we are glad that he passed our way.

A. M. BERRYHILL.

*Dr. Smith:*

Next I wish to recognize Dr. Harold E. Story of Charlotte.

DR. J. HOPKINS KELLEY

It has been my distinct honor to write a memoriam for Dr. J. Hopkins Kelley of Charlotte, because of the fact that he was a close personal and professional friend of mine.

He was so modest that he did not live unto himself or for himself but for others, and I am very sure that no member of his profession has ever known of his doing an unkind act or anything that would impinge on the sacredness of ethics in his chosen profession of dentistry.

Dr. Kelley was a graduate of the University of Pennsylvania and a native of Creston, Ohio. He practiced successfully in the city of Philadelphia for eleven years and equally successfully in Charlotte from 1913 until 1938, when ill health made it necessary that he retire.

You who knew him best will agree, I know, that he was always a gentleman to his finger tips.

HAROLD E. STORY.

*Dr. Smith:*

Dr. T. P. Williamson, Charlotte, is next recognized.

DR. SAMUEL LEVY

Doctor Sam Levy was born in Lithuania and came to the United States at the age of twelve years. He came to Charlotte from Statesville about 1895. He was married to Miss Bessie Miller in 1903. Surviving Dr. Levy are his wife and three children: Mrs. M. A. Feldman of Atlanta, Ga., and David and Arnold Levy of Charlotte, two brothers, Mr. Ben Levy of York, S. C., and Dr. Louis Levy of Charlotte; four sisters, Mrs. A. Nurick of Salisbury; Mrs. A. Goldman of Petersburg, Va.; Mrs. H. Klompus of Baltimore, Md., and Mrs. J. Radaloff of Baltimore, Md., and two grandchildren, Edwin and Marcia Feldman of Atlanta, Ga.

Dr. Levy entered the Atlanta Dental College in the fall of 1910, and graduated with the class of 1913. He also was a graduate of the Philadelphia School of Optometry. Dr. Levy enjoyed a good practice and at the time of his death maintained offices in Charlotte at 109½ S. Church Street. Dr. Levy was well known in our city, and was active in church and civic affairs, and was a charter member of the Hebrew Synagogue of Charlotte. His death was due to an automobile accident which occurred on the 20th of last August, thirteen miles north of Durham. Immediately he was carried to Watts Hospital, in Durham, where he peacefully passed away at 5:30 a.m. the morning of March 14, 1939.

"Sam" was a member of the Charlotte Dental Society, the Second District, the State Society, and the American Dental Association.

At the time of his death he was a member of the board of trustees of the North Carolina State College for Negroes at Durham, which appointment was given him by Governor Hoey.

Dr. Levy was past president of the B'nai B'rith international Jewish order; past president of the Charlotte Hebrew Temple Association; first president of the Jewish congregation in Charlotte; past grandmaster of Excelsior Lodge, Scottish Rite Masons; past worshipful ruler of the York Rite Bodies of Masonry; a member of the Masonic Fellowship Club, the Moose Order, Macca-bees Lodge, and a 32d degree Mason. He was also past consul of the Hornets

Post Camp Woodmen of the World, and at the time of his death was chairman of the camp's board of auditors.

We shall greatly miss Dr. Levy in our midst, for he was congenial, and of a most happy frame of mind. The many kindnesses he showed the poor of our city will not soon be forgotten, and we extend to the bereaved family our deepest sympathy.

T. P. WILLIAMSON.

*Dr. Smith:*

Dr. A. S. Bumgardner, Charlotte, will read the next eulogy.

GEORGE CULLEN HULL

I deem it a privilege and an honor to have this opportunity of adding a feeble tribute of affectionate esteem and admiration to the life and character of our beloved friend and colleague, George Cullen Hull. I know, however, that no words that I can employ can adequately and fully describe my own very high estimate of the true worth and value of our deceased friend and citizen.

It was on November 25, 1889, in the little village of Casar, N. C., that crisp November morn, when the trees were just completing the shedding of their summer foliage, that a bright, blue-eyed baby boy was born, the fifth child of that beloved couple. His early childhood was spent in that community. He graduated from Piedmont High School in Cleveland County and then went to Weaver College, Weaverville, N. C., where he was graduated with very high honors. Soon after graduation the war came and he enlisted for service in the World War entering as a private, and in about six months was commissioned First Lieutenant. He was made a bayonet instructor and was sent to a number of camps in the United States to instruct soldiers in bayonet warfare. He was honorably discharged from the army in 1919 and immediately went to the Atlanta Southern Dental College, Atlanta, Ga., as a vocational student of the United States Government with all expenses paid and took a complete course in dentistry. He was graduated from the Dental College in June, 1923, with the very highest honors, and was elected valedictorian of his class.

Soon after his graduation in dentistry he was licensed to practice in several states but preferred to locate with his brother, Doctor P. C. Hull of Charlotte, who had preceded him in the profession about ten years. He did not have to wait for a practice as his brother had a very large one and plenty of patients ready for work. He remained with his brother, Dr. P. C. Hull, for five years and then he opened his offices in the First National Bank Building, Charlotte, N. C., and at the time of his death he had one of the most lucrative practices in this city.

He was married to Miss Martha Weeks of Atlanta, Ga., in 1923, and she, along with their two children survive. The two children being George, Jr., age 15 years, and Martha Anne, age 12 years.

George was a painstaking dentist, a man of great energy, and dearly beloved by all who knew him, and now that he has been taken from our midst let us all hope that it was mercifully granted unto him; that as he passed from the temporal and earthly to the heavenly and eternal, that he saw the radiant lights of the celestial city, and was greeted by the music of the eternal morn.

May our Heavenly Father send his grace and consolation to comfort his family and the bereaved comrades and friends.

A. S. BUMGARDNER.

*Dr. Smith:*

I will ask Dr. Paul Munsell of Hamlet to come forward.

## DR. HERNDON W. THOMPSON

Dr. Herndon W. Thompson, incumbent editor of the Third District, North Carolina Dental Society, died at his home in Hamlet, N. C., December 11, 1938, in his 43d year.

Dr. Thompson was born in Chester, S. C., on November 17, 1895, and moved to Hamlet, N. C., in his early youth. Upon completion of his schooling in Hamlet he entered Old Trinity, now Duke University, and was graduated with an A.B. degree in 1917.

He entered Atlanta-Southern Dental College in the Fall of 1917, later withdrawing to volunteer for service in the army at Ft. McPherson, Ga. Following his discharge from the service he returned to his study of dentistry, and completed his course in 1921.

He established his practice in Hamlet in the Fall of 1921, and was in continuous attendance until ill health forced him to retire in December, 1936.

Dr. Thompson was not only an able dentist, but a fine man. Countless professional and social friendships attested eloquently to his unselfish spirit. His association with, and his interest in the North Carolina Dental Society was constant—his desire to be of assistance and to keep abreast of modern trends was uppermost at all times.

This organization is richer for his having lived and labored therein. He has left behind him a record of professional diligence and personal integrity worthy of great respect.

Surviving Dr. Thompson are his wife, the former Olive Sompayrac, of Society Hill, S. C., and twins, a boy and a girl, Herndon, Jr., and Audrey, aged 3 years; his mother, Mrs. T. W. Thompson; a sister, Mrs. A. A. Johnston of Wadesboro, N. C., a brother, Broadus Thompson, Amherst, Va. Funeral services were held in Hamlet, N. C., Monday, December 12, 1938, at 2:00 o'clock, with interment at Society Hill, S. C.

PAUL MUNSELL.

*Dr. Smith:*

We will next hear from Dr. C. D. Bain, of Dunn.

## DR. RESTON MEMORY SQUIRES

Dr. Reston Memory Squires was born October 7, 1874, and spent his childhood and early manhood in Bladen County. He attended Salemburg Academy in Sampson County. In 1901 he entered the Dental Department of the Medical College of Virginia where he was president of the class with which he graduated in 1904. He practiced dentistry at Salemburg 1904-1909; at Wake Forest 1909-1938.

He was married in 1912 to Miss Ethel Carroll of Winterville, N. C., who survives him, together with two sons, Rodney and Cedric, and four daughters, Evelyn, Ruamie, Hildredth, and Julia.

He worked at his office until 6 o'clock Saturday and was gone at 9:30 Sunday, August 14, 1938—coronary thrombosis.

Dr. Squires believed in his profession, served, honored and promoted it in every way possible. He joined the N. C. Dental Society in 1904 and to the time of his death, missed only one annual meeting. He was a charter member of the Fourth District Dental Society, serving for three years as its editor. He believed in organized dentistry; he grew professionally with every meeting he attended; he enjoyed the fellowship of his friends. When called upon, he contributed time, papers, clinics. He served as First Vice President of the Society in 1912; as Secretary and Editor of the Proceedings 1914-1917; as President, 1917-1918. All of these honors he deeply appreciated and was greatly



moved by the congratulations of friends when he was presented with the Past President's medal.

He was a member of the American Dental Association and attended a number of its meetings. At the time of his death the papers were ready to be mailed, nominating him for membership in the American College of Dentists.

By invitation, he returned to his Alma Mater in February 1938 to read a paper at the Centennial Celebration of the Medical College of Virginia.

Dr. Squires was always alert to promote the financial, civic, educational, moral and religious interests of his town and community. For years he served as Director of Banks, Building and Loan Association, Boy Scouts, Deacon of the Wake Forest Baptist Church, Member of the General Board of the Baptist State Convention. People, young and old, turned to him for counsel and advice on all sorts of problems, college students with tangled love affairs, business men with financial failures, orphans with threatened mortgages, parents with wayward children. He shouldered the burdens of many, as scores of letters from former patients and students of Wake Forest College testify. Over and over these say, "He was not only my trusted dentist, he was also my personal friend."

He did to the utmost of his ability every task which he undertook. He gave his best to everyone whom he served, from college president to Negro washer-woman. After his death, many clippings, personal bits of philosophy, and observations on life were found in his desk. Among them was this original sentence: "My life is my prayer; my work, my sermon." He mastered the art of living beautifully. The tones of his violin echoed such songs as "Love Me and the World is Mine," and "Earth Has No Sorrow that Heaven Cannot Heal." Among the favorite texts and poems, which he liked to quote, was John Charles McNeill's "Sundown."

"We know, O Lord, so little what is best—  
Wingless, we move so lowly;  
But in thy calm all-knowledge let us rest—  
O Holy, Holy, Holy!"

Essentially religious, his was the quality of life that is eternal. Today we pause to bow in reverent gratitude for his contribution to our profession and for his blessed influence in the hearts of friends.

C. D. BAIN.

*Dr. Smith:*

Dr. J. N. Johnson, Goldsboro, is now recognized.

DR. O. J. BENDER

Dr. O. J. Bender, son of Robert and Mary Bender, was born November 18, 1864, on the old Bender plantation in Onslow County, located on New River, eight miles from Jacksonville. He died on March 27, 1939, aged 75 years, at the old home where he was born and was interred in the family cemetery.

In paying this last act of respect to our departed brother I do so with a strong feeling of personal loss and with a full consciousness of his fidelity and worth to the North Carolina Dental Society and to the affection in which he was held by its members.

Few men live and practice over a period of 39 years and maintain, at a constant high peak, their interest in this Society as he did. When we consider that he practiced in a thinly settled county, where there was no other dentist but himself until recently, we realize his loyalty and love for his profession

by his attendance record at our annual meetings. He was absent from one meeting in 39 years. His absence then was due to a badly mangled left arm received in an automobile accident. It was during his confinement in a hospital in my city, sick unto death, that I awoke to the great heart in our friend. Sitting by his bedside, his good right hand in mine, he told me "that he had no fear of death, that everybody had to die when their number was up but that he had a little unfinished business he would like to see through. The surgeon wants to amputate my arm. If he does I won't be worth anything to my family or to my profession." Dr. Bender had never married but there were three nieces and seven nephews around which his heart centered. One of these nephews he had sent through Wake Forest College and also medical college which he was finishing that year. He just wanted to live long enough to see him launched in practice. His expression of affection for these relatives was beautiful in its quiet modesty and as he talked to me about them this thought came to me. There has never been a finer man or a more devoted uncle than you, Bender.

He was a genial soul, highly ethical, cordial and sincere. He was always the first to arrive at the meetings of this Society and the last to leave for home. He was a Past Vice President of the Fifth District Dental Society, a member of the North Carolina Dental Society and of the American Dental Association. He received his education in the county schools of the state and was graduated from the Atlanta Southern Dental College in the Class of 1900.

He is survived by one brother, Ralph Bender, three nieces and seven nephews, among whom are Drs. Ernest L. Bender of New Bern and Robert Bender of Lexington, N. C.

J. N. JOHNSON.

*Dr. Smith:*

The final eulogy will be presented by Dr. Horace K. Thompson.

#### DR. H. L. KEITH

Dr. H. L. Keith was born at Keith, N. C., in Pender County, on February 13, 1883. He received his dental degree from Atlanta Southern Dental College. For a while he practiced at Henderson and at Southport, later moving to Wilmington, where he enjoyed a large and successful practice until his death.

Dr. Keith was suddenly stricken in his office and was removed to the hospital where he died on July 29 of cerebral hemorrhage after a week's illness.

He was vitally interested in Church and civic life of his community, being a deacon and chairman of the Board of Finance in the First Baptist Church. He also served as chairman of the troop committee and the Wilmington District Committee of Boy Scouts. As a charter member and Past President of the Exchange Club he exerted his energies toward community betterment. Dr. Keith was a Past Secretary-Treasurer of the North Carolina State Board of Dental Examiners, a Fellow of the American College of Dentists, a member of the Omicron Kappa Epsilon dental scholastic fraternity. He was a valuable member of the New Hanover city-county board of health, and also served on the staff of the James Walker Memorial Hospital.

Dr. Keith was married to Miss Coates of Benson in December 1929. A fine boy and two beautiful little girls blessed this union and give comfort to their mother.

Dr. Keith loved his life's work, for he practiced it with an ardor few of us can understand. He strove to be accurate rather than sensational. His work attests that. He was a fine and conscientious operator, an ethical and just practitioner. Furthermore, with a keen insight, he early perceived the high aspirations of a noble profession, which he greatly loved and ardently strove to

better. We here mourn his loss because we miss him. Yes, but we are grateful for his life and the opportunity of having known him.

To his family goes the deep sympathy of his profession. To his profession he leaves his memory and admirable deeds performed while one of us. He leaves it a better profession because he helped make it so. He early lighted a torch and held it above his head. It is still luminous.

HORACE K. THOMPSON.

*Dr. Smith:*

You have heard the roll call of those of our members who have quit the ways of men to join the ranks of the immortals.

The names you have just heard represent those of our comrades who have finished their work and completed their contribution to the profession and to human civilization. Most of them have striven untiringly to place the standard of our State Society in admiration of the other states of the Union. Interested, taking an intelligent part in all functions of the society, they leave to us a challenge for the best in us of untiring service to our society, to our practice and to our community.

When we reflect on their going, we are reminded of the loss felt in their homes, and as friends of our comrades, extend to their families our heart-felt sympathies.

*Dr. Smith:*

I wish to thank those who have helped us in our memorials.

*President Hale:*

Thank you, Dr. Smith.

*Dr. Horton:*

May we stand one moment and bow our heads in honor of these who have gone.

Silence. Gavel.

*President Hale:*

I want to recognize Dr. H. O. Lineberger, who will introduce our guests.

*Dr. Lineberger:*

*Mr. President and Gentlemen:* We are very happy to recognize several of our friends from neighboring states.

Dr. Howard B. Higgins, *Past Executive Secretary* of the South Carolina State Society.

Dr. Jennings from Virginia.

Dr. Washe, Virginia, *Past President* Virginia Dental Society.

Dr. Julius Hughes of Atlanta, Georgia.

Dr. E. L. Banks of Atlanta, Georgia.

Dr. Herbert Lamons, Greenville, Tenn.

Dr. Guy Harrison, Virginia.

Dr. A. C. Wright, Virginia.

Dr. W. W. Wright, Virginia.  
Dr. Tyler Haynes, Virginia.  
Dr. George Duncan, Virginia.  
Dr. D. C. York, Mississippi.  
Dr. Harry Bear, Virginia.

I want to say regarding Dr. Bear, he is at this time the President of the American Association of Dental Schools. This is particularly important just at this time since you recall this is the one hundredth anniversary of Dental Schools in this country and we are very, very happy to have a member of an adjoining State as President of that Association at this time.

(Applause.)

*President Hale:*

We are more than glad to have out-of-state people here. You don't feel like visitors. You feel like one of us. You are always welcome. The Chair entertains a motion that the courtesies of the floor be extended to these gentlemen.

Motion made and seconded. Vote taken and carried.

*President Hale:*

We are going to recognize all clinicians a little later. All on the program will be recognized at a later time.

I present to you Dr. O. L. Presnell, who will introduce the next speaker.

*Dr. Presnell:*

*Mr. President, Ladies and Gentlemen:* Venereal Diseases, of late, have been very forcibly impressed upon the public through the educational campaign instituted by the Public Health Agency. This is of great interest to us as Dentists because of necessity syphilitics must pass through our hands perhaps much more frequently than we realize. I deem it very timely that we should devote a portion of our program to the discussion of the dentist's part in the control of syphilis. We are indeed fortunate to have come to us today Dr. Raymond A. Vonderlehr, Assistant Surgeon General Division of Venereal Diseases, U. S. Public Health Service, Washington, D. C.

*Dr. Vonderlehr:*

*Dr. Presnell, Dr. Hale, Ladies and Gentlemen:* It is always a pleasure to visit North Carolina, first of all because I like the South and second, because in North Carolina you are doing a real job in syphilis control. Thanks to the magnanimity of the Reynolds Foundation and to the money which is available from your own State Legislature and Public Health Service it has been possible to develop in North Carolina a pro-



gram for the control of syphilis which is second to none other program in any of the Southern States.

### THE DENTIST'S PART IN THE CONTROL OF SYPHILIS

The dentist as a scientist is naturally interested in the control of the communicable diseases. Syphilis is one of the most serious and prevalent of them all. Estimates made by the Public Health Service based upon a large number of surveys in representative areas throughout the United States indicate that somewhat more than a half million people acquire syphilis in this country and seek treatment for it each year. Another half a million people are infected but fail to seek treatment immediately. It is from this second half million who neglect their infection that the thousands of people come who develop the late crippling manifestations of syphilis and who become medical and welfare problems in later years.

A consideration of the prevalence of syphilis is of interest to the dentist because it gives him information regarding the frequency with which he may encounter the syphilitic patient in his practice. Recently published studies show that if we begin with any average group of 100 boys and girls, aged 10, and follow them through the remaining years of their lives, by the age of 25, four have or have had syphilis; by the age of 40, four more, or a total of eight, have been or are infected with syphilis, and by the time the age of 50 is attained, 10 of the hundred have or have had this disease. All of this hundred will not, of course, be alive at the age of 50 years. A large percentage of the syphilitic patients die. Many others develop central nervous system and cardiovascular disease due to syphilis by the time this age is attained. A considerable proportion becomes latent or asymptomatic. A few recover spontaneously and many more recover after the administration of modern treatment.

When these prevalence data are applied to the clientele of the average dentist, it is obvious that a considerable proportion of his patients have or have had syphilis. The number increases directly with the average age of the dentist's patients.

The frequency of syphilis is indicative of the extent to which the dentist exposes himself to syphilis in actual practice. The modern dentist should know syphilis so that he may guard against accidental infection. A discussion of the common manifestations of syphilis of the oral cavity should therefore be of interest. Once the dentist suspects the presence of syphilis, he should, of course, refer his patient to a competent physician for definite diagnosis and treatment.

#### SYPHILITIC LESIONS OF THE ORAL CAVITY

The common syphilitic manifestations which involve the oral cavity occur in early (primary and secondary) syphilis and in late (tertiary) syphilis. There is a long period in the interim between these two stages when the syphilitic infection is latent and no lesions occur. The primary and secondary lesions are of the greatest importance because they are the source of infectious material.

The classical lesion of primary syphilis is the chancre or initial sore. The chancre develops at the point at which the susceptible individual is inoculated with the germ of syphilis, the *Spirochaeta pallida*. Ordinarily, the chancre develops on the generative organs, but when syphilis is transmitted by kissing or through perverted sexual practices, it may occur on the lips, the tongue, tonsils, cheek, or the chin. The signs and symptoms of chancre may be more or less classical, but since the darkfield microscope examination and the serologic blood test for syphilis have come into popular use, more dependence is

placed upon laboratory findings than upon clinical manifestations in the diagnosis of primary syphilis. In the first two or three weeks of the syphilis infection, the darkfield microscopic examination, if repeatedly performed, will demonstrate the *Spirochaeta pallida* in about 95 per cent of the patients with primary syphilis. Diagnosis of a chancre of the oral cavity by darkfield examination is complicated by the occurrence of spirochetes in that area normally, which may be confused with the *Spirochaeta pallida*. For this reason, only a technician thoroughly familiar with the morphology of spirochetes should be permitted to perform these microscopic examinations. Fortunately, after the first two or three weeks, the serologic blood test becomes positive in practically 100 per cent of the patients with early syphilis who remain untreated, and this test is then utilized to clinch the diagnosis or exclude syphilis in people who have had suspicious lesions.

One of the most valuable of the associated signs of primary syphilis to the physician is enlargement of the regional lymph glands. In chancre of the mouth the glands at the angle of the jaw are generally enlarged. The enlarged glands of syphilis are painless and there are none of the accompanying signs of acute inflammation such as redness and heat, so the patient does not pay much attention to them. The enlargement may, however, immediately attract the attention of the observant dentist.

Chancre of the tongue is not nearly as frequent as chancre of the lip, but it is usually associated with the same type of bubo. Chancre of the gum may occasionally be seen.

The fingers, particularly of the left hand, are the most frequent site of chancre among dentists, because this hand is used to retract the patient's cheek. These chancres may take on very atypical forms. The finger chancre is usually painless and this is a point in the differential diagnosis from felon or pus infection around the nail. Such chancres are indolent and do not respond to the symptomatic treatment usually given for acute infections in this location. The lymph vessels between the chancre and the enlarged regional lymph glands in the axilla or at the elbow may be cord-like.

At any time from three weeks to a few months after the appearance of the chancre, a syphilitic sore throat (pharyngitis) is apt to develop. This is a diffuse inflammation involving chiefly the pharynx and the tonsils. It cannot be differentiated from an ordinary sore throat even by the experienced physician without a blood test. At the same time there may be malaise, headache, loss of weight, fever, gastro-intestinal symptoms and pains in the bones. Besides the constitutional symptoms, there may be a generalized eruption, superficial lesion (mucous patches) about the mouth and genitalia, and signs of early involvement of the central nervous system.

The chief infectious lesion of the early stage of the disease is the mucous patch. This is a very innocent looking lesion but very dangerous as the secretion from it swarms with spirochetes. The typical mucous patch is a small, circumscribed, slightly elevated and slightly inflamed lesion covered with a flesh-colored to pearly or faintly grayish membrane. It is seldom less than 6 mm. and often 7 to 10 mm. in diameter and is comparatively painless. It may be found on the inner surfaces of the lips, on the surface of the tongue or on the buccal mucous membrane. It may become eroded and irregular or stellate in shape. To the experienced observer it seems to be very characteristic but it may be confused with a number of nonsyphilitic lesions. Mucous patches may develop rapidly. A throat may show no more than a mild angina on one examination and may show a mucous patch on the tonsils or buccal mucous membrane 24 hours later. The usual duration of these lesions is from two to three weeks.

As a rule in syphilis, when the infection grows older, there is a tendency for the spirochetes to become localized and the disease less infectious. Rarely patients who remain in a transition stage between dissemination and localization of the spirochetes may continue indefinitely to be carriers of the disease. There is a small group of patients who have recurrent secondary lesions months or years after the infection. These patients have a low resistance to the spirochete, usually as a result of inadequate or poorly managed treatment. These recurrent lesions are highly infectious and constitute a very serious public health problem. The lesions of the recurrent type have the same appearance as the original secondary lesions, but they are less numerous and are not so apt to be noticed.

There are three types of late lesions in acquired syphilis that are of interest to the dentist. These are leukoplakia, gummata, and destructive bone lesions of the hard palate or the jaw. Leukoplakia results from scarring following the healing of the mucous patch. It is associated with atrophic glossitis, or absence of the papillae on the tip of the tongue. It is a grayish, somewhat thickened patch often occurring at the commissures of the mouth and on the tongue and cheeks. Irritation alone may cause a nonsyphilitic type of leukoplakia and it also predisposes to the syphilitic form. It is particularly frequent in smokers and in patients who have bad teeth. Leukoplakia frequently undergoes malignant degeneration, and for this reason it may be necessary for the physician to treat not only the syphilitic infection to prevent the development of leukoplakia, but also to treat the leukoplakia to prevent malignancy. Patients with leukoplakia should always have a thorough examination including blood and spinal fluid tests.

Gummata, the classical lesions of tertiary syphilis, may occur in any of the tissues of the mouth, but more often in the hard and soft palates and the tongue. Gummata of the tongue must be differentiated from the lesions of cancer and tuberculosis. The gumma appears first as a circumscribed more or less inflamed swelling which later breaks down and ulcerates. It causes destruction of tissue and scar formation. The effects of gumma of the nasal septum are so characteristic that they are often recognized by the uninitiated observer. These gummata may result in perforation of the hard palate and a characteristic (saddle-back) nasal deformity caused by destruction of the bridge of the nose.

Great care must be exercised in dental operations on syphilitic patients, because gummatous infiltration, or damage of the bones occurring in locomotor ataxia may result in such fragility of the bones that fractures occur very readily. The dentist is apt to be blamed for lack of union of such fractures.

Certain of the lesions of congenital syphilis aid in the detection of syphilis in dental patients. Interstitial keratitis is the most frequent of these. It occurs in about 40 per cent of patients with congenital syphilis seeking treatment. The clouding of the cornea and the whitish scars left by the disease can be recognized readily. The patient may also have photophobia and try to shield his eyes from the strong light of the dental lamp. Associated with this condition may be saddle nose, bulging forehead, or scars called rhagades radiating from the corners of the mouth.

Dental stigmata have long been recognized as signs of congenital syphilis. The triad described by Hutchinson consists of a typical deformity of the teeth, interstitial keratitis, and deafness. The complete triad is rarely seen but Hutchinson's teeth are not uncommon. The permanent upper central incisors have the shape of a truncated cone and there is a crescentic notch in the cutting surface of the teeth. The notch is generally considered the most essential feature of the Hutchinson tooth, but as a matter of fact it may be caused



by other constitutional disturbances during the early years of life, and the characteristic screw-driver shape of the tooth is more important.

The molars may also show characteristic changes described as mulberry molars. This manifestation appears in the first molars of the second dentition. The cusps of these teeth are defective and dwarfed and they decay early. The grouping of the cusps has suggested the name "mulberry molar." A large number of other tooth defects have been described as characteristic of congenital syphilis but it has not been definitely proved that they are.

#### COOPERATION WITH THE PHYSICIAN

The dentist can render great service to the community by tactfully referring all suspicious patients to an experienced physician for examination. In so doing he also coöperates with the public health officer in the latter's case-finding work.

Early treatment of children with congenital syphilis will usually prevent the late crippling effects of the disease, and treatment of syphilitic mothers prevents the birth of syphilitic children in the great majority of cases. These are major accomplishments of modern antisiphilitic treatment.

Treatment of early syphilis with the arsphenamines and bismuth is also very effective. The communicable lesions of syphilis heal after a few doses of the arsphenamines and do not recur if adequate treatment is administered. The best results are obtained in early syphilis when treatment is begun during the first year of the disease and a minimum of 30 doses of one of the arsphenamines and 40 of one of the bismuth preparations are given. Approximately 90 per cent of patients with early syphilis so treated may be expected to recover. Modern treatment, if given in the latent stage of syphilis, is very effective in preventing the late crippling effects of the disease.

By keeping the oral cavity of the patient in good condition, the dentist can also aid in the more effective treatment of syphilis. Dental sepsis is a definite factor in the mechanism of intolerance to treatment for syphilis. Cruikshank has pointed out, for example, that the most common complication of modern treatment with bismuth is the bismuth line.<sup>1</sup> In the group of patients he studied, this line occurred in 75 per cent of the patients with unhealthy mouths and in only 7 per cent of the patients with healthy mouths. In the former group it was necessary to interrupt treatment for periods varying from two to fourteen weeks, while in the healthy group treatment did not have to be discontinued in any case.

Stomatitis following treatment with mercury is often the result of a pre-existing gingivitis. If the patient's mouth and teeth are in poor condition, attention should be called by the physician to the proper care of the oral cavity before antisiphilitic treatment is begun, and prophylactic dental measures should be continued during the treatment. The value of good dentistry is shown by an improvement in the patient's general condition. Closer coöperation between the dentist and the physician will result in fewer complications and fewer otherwise unnecessary interruptions of treatment.

#### THE DENTIST'S INTEREST AS A CITIZEN IN SYPHILIS CONTROL

The dentist should be concerned with the syphilis problem in yet another way. As a leading citizen in the community he should have a definite interest in the well-being of the entire population. As a taxpayer he should also have an interest in the wise spending of public funds. Both of these interests are involved in the control of syphilis.

<sup>1</sup> Cruikshank, L. G. Dental disease and its relation to antisiphilitic therapy. *Brit. J. Ven. Dis.*, London Oct. 1938, 14: 280.

In the early portion of this paper I outlined some of the facts about the extent of syphilis. When we recall that several million persons in this country now have, or have had syphilis, some conception is gained of the magnitude of the problem. And when we consider that annually an estimated \$41,000,000, largely from public funds, is spent in institutional care for those disabled because of syphilis, we begin to appreciate the dollars and cents importance of the problem. Especially is this clear when we understand that the expenditure of a much smaller sum will reduce syphilis to a place of minor importance in public health.

You understand the implications of the problem. You know that success in this field means a strengthening of the health of the whole nation. You can appreciate the importance of an annual blood test on the same grounds that you appreciate the importance of a semiannual dental examination. You can foresee the decline in prenatal mortality which would be made possible by premarital and prenatal blood testing. As influential citizens, you can make your voices heard.

Responsibility for health under our form of government is shouldered primarily by each community. How much of the burden should fall on the Federal government, the state, and the locality is a problem which must be ascertained by experience. There must, however, be minimum standards of medical and dental care. In arresting and preventing the development of disease, whether it be dental disease or venereal disease, society assumes an obligation that will pay rich dividends in the conservation of human health and human welfare, and even in the more material monetary values.

It has been estimated that about one-fourth of the population of the United States visits the dentists of this country annually. This gives the dentist an unusual opportunity to aid in the present campaign against syphilis. His duties are: (1) To protect himself against accidental infection, (2) to refer the dental patient suspected of being infected with syphilis to a competent physician, (3) to coöperate with the private physician and the health officer in maintaining syphilitic patients under treatment by preventing the development of untoward reactions involving the oral cavity, and (4) to support the campaign against syphilis in his community.

An intelligent community campaign should include the following provisions: (1) A trained public health staff that knows how to control syphilis, (2) a reliable system of reporting and follow-up on all cases of syphilis, (3) the development of adequate diagnostic and treatment facilities, particularly for those syphilitic patients who cannot afford to pay for proper private treatment, (4) the development of efficient laboratory service free to all physicians and clinics, (5) the distribution of antisyphilitic drugs without charge to all physicians and clinics, (6) requirement by law that every expectant mother be given a serologic blood test as soon as she seeks prenatal care, (7) the requirement by law of medical examinations including a blood test for syphilis on both contracting parties before marriage, (8) a routine serologic blood test whenever complete physical examinations are given, and (9) an intensive educational program to acquaint the public with the facts about syphilis. (Applause.)

*President Hale:*

Thank you, Dr. Vonderlehr.

*President Hale:*

Dr. Carl V. Reynolds, Secretary of the State Board of Health sends his regrets that he is not able to be here for this meeting. He had a

conflict with another meeting that he did not know about at the time he accepted the invitation. However, he is ably represented by Dr. J. C. Knox, whom we will now recognize. Dr. Knox is with the State Board of Health. (Applause.)

*Dr. Knox:*

*Mr. President, Dr. Vonderlehr, Members of the North Carolina Dental Society:* We are indeed fortunate to have such an excellent paper as we have just heard. It is rather hard for one to discuss a paper that is so comprehensive as Dr. Vonderlehr's. However, it might be well to emphasize some of the problems that he has discussed from a purely local or state standpoint. We have found out in this state that our average of syphilis or prevalence of syphilis is about as quoted by Dr. Vonderlehr. When we apply those figures to North Carolina, we find that you, as Dentists, have the chance of seeing, on the same basis that he has discussed, approximately 75,000 people each year who have syphilis. That is a remarkable situation and one that is more or less astonishing when we stop to analyze it but we have, in the last two years, reported to us cases that have never previously been reported. One hundred and sixty-four thousand individuals in North Carolina have syphilis. Now it is without doubt you are seeing some of those patients and some of them have never had treatment. But you are seeing them and you are running the risk of accidental infection in those patients.

Another way it seems to me in which you are helping remarkably is in the care of the mouths of these individuals, so that complications of treatment will not develop. Of course some of these complications cannot be avoided. They have prevented patients taking regular treatment. Those things involved would be care of the mouth that would eliminate the lapse in treatment is certainly a field for coöperation between the dentist and the medical profession. North Carolina has recently passed a law requiring pre-marital examination, including a blood test. It has also passed a law that pregnant women should have this blood test. So, we are following out in North Carolina many of the things that have been given as an adequate program for the control of syphilis as outlined by Dr. Vonderlehr, but we are falling far short in some instances. However, we believe our Venereal Disease program will go forward and mature in the next few years to where we can look back with a considerable degree of pleasure and pride on the accomplishments of this program. In North Carolina we are fortunately situated in that we have money to spend that others don't have and Dr. Vonderlehr has told you something of the necessity for that. If we all get together, we can really do something about the program of syphilis in this state. Thank you. (Applause.)

*President Hale:*

Dr. Knox, I want to thank you very much for your timely discussion. It is open for general discussion now. Is there anyone who wishes to discuss Dr. Vonderlehr's paper? We'd be glad to hear from you. If there is no further discussion, Dr. Vonderlehr we certainly want to thank you very much for this very fine presentation.

*President Hale:*

The Chair will at this time recognize Dr. Thomas M. Hunter, of Henderson.

*Dr. Thomas M. Hunter:*

*Mr. President, Members of the North Carolina Dental Society:* It is my pleasure this morning to present to you an authority on Removing Stains from Mottled Enamel. He is geographically located in one of the largest areas of mottled enamel in our country, that being in the tidewater area of Virginia. It is our good fortune this morning to have discussed, "Removing Stains from Mottled Enamel" by Dr. J. Wilson Ames, Smithfield, Virginia. Dr. Ames. (Applause.)

#### REMOVING STAINS FROM MOTTLED ENAMEL

Mottled enamel is a developmental defect in the enamel of teeth resulting from drinking water (and perhaps eating foods) containing excessive quantities of fluorine during the period of tooth calcification.\* It has been shown that fluorine concentrations in drinking water of one part or more per million is capable of creating this phenomenon. The affected teeth are usually glazed on the surface. They may be paper white, void of translucency; or have this paper white color as a background, with areas of yellow or brown in any shade and even black. These areas are irregular in outline and vary in shape. The most characteristic areas are band shaped, extending across the axial surfaces from mesial to distal. Quite often these bands assume the shape of zig-zag streaks. In some cases the labial surfaces are pitted. If the mottling is serious enough to render the enamel chalky and flaky, the tooth no longer has its normal glaze and luster.

Proof that fluorine is the causative factor may be found in Technical Bulletin No. 52, published by the University of Arizona. The experiments herein described were performed by Isaac Schour and Margaret Smith. They experimented with rats, using sodium fluoride. These experiments were executed by diet feeding and also by injections. Both methods show very much the same results. A more accurate check may be kept on the injection type of experiment. Some of their results will now be cited.

Injecting .3 cc. of a 2.5 per cent solution of sodium fluoride 48 hours apart and killing the rats twenty-four hours after the last injection, histologically they found the gonoblasts and epithelial papillae normal. They used litter mates in the experiment as controls. The enamel was distinctly stratified. This stratification consisted of pairs of layers, which in number corresponded exactly with the number of injections. Each pair of layers consisted

\* Dean, H. T.: Chronic Endemic Dental Fluorosis, Journal of American Med. Association, Vol. 107, Oct. 17, 1936.



of: (a) a light layer, which represented the primary and immediate reaction to the injection and which was both hypoplastic and hypocalcified; (b) a dark layer which promptly followed the light one and which represented the secondary or recovery reaction. The pair of light and dark incremental layers in enamel may be regarded as characteristic of fluorosis.

In the dentine they found changes comparable to those in the enamel, whereas the pulp and odontoblasts were normal in appearance.

In U. S. Public Health Bulletin reprint No. 1581 may be found the results of a survey of the distribution of mottled enamel; these results show that about half or more of the forty-eight states of the Union have areas, some large, others small, in which mottled enamel is found.

In a survey carried out by Dr. W. C. Ames and the writer, 50 per cent of the students in Smithfield High School, Smithfield, Va., were found to have mottled enamel. The purpose of this paper is to describe the writer's technique for the removal of stains from mottled enamel.

The methods formally used involved jacket crowns and other mechanical means of restorations, including the very drastic method of grinding the stained portions from the tooth. This method generally resulted in grinding the majority of the tooth enamel away.

Many formulae were mixed which gave limited results in eliminating the stain. Finally, by mixing five parts of 100 volume hydrogen peroxide and one part of ether, the formula was obtained which now is being used by the writer. The actual technique of using the formula to remove the stain is as follows: A rubber dam is adjusted in place, isolating the teeth to be treated. Gauze exodontia sponges may be packed all around the dam for safety because the formula is injurious to soft tissues. The use of rubber gloves by the operator is also advised. A shield of isinglass may be made to shield the patient's eyes and nose. This shield can be held in place by slipping it under the upper border of the dam.

It is suggested that a length of cotton roll, just covering the teeth to be treated, be tied in place with the free ends of the ligatures used in retaining the rubber dam. It is advisable to agitate the formula with an eye dropper before wetting the cotton roll as the two liquids separate readily. As soon as the two liquids are well mixed the cotton roll may be saturated. A gentle but steady heat to the saturated cotton roll is suggested as an accelerator. For this application of heat a very simple device made by the writer is used. It consists of the handle of any broken instrument, the end of which has been flattened and then made somewhat spoon-shaped. A hole was drilled in a metal ball the size of the handle. This ball was then slid down as close to the spoon end as possible for heat accumulation. A suitable wooden handle was fastened to the opposite end. The metal ball may be warmed over the flame of an alcohol lamp or Bunsen burner, guarding against overheating as devitalization may result. When the cotton roll begins to dry, it is suggested that the two liquids be agitated again and the cotton roll resaturated. Five cc. of hydrogen peroxide and one cc. of ether are the quantities used by the writer. This generally lasts about half an hour.

In no instance has the writer had a failure thus far, although some have responded to treatment more completely than others. It is advisable to have photographs made before and after treatment for comparison. The writer suggests that a period of two or three weeks elapse between the last treatment and the taking of the final photograph. The reason for this is that the portion of the tooth void of any stain will become abnormally white; however, after two or three weeks, the tooth will regain its normal color. What the chemical reaction or histological change is the author cannot say. He has performed no experiments on the subject either chemically or microscopically.



As to the length of time required to complete the treatment, there are many factors to be considered. The writer does not believe that one can forecast the time with any degree of accuracy. A case that may appear simple may possibly take longer than a more difficult appearing case. The most difficult and deepest stained cases have been selected, so that the stain would show well on the photographs. As many varieties in type as could be found have also been selected. Among these cases the number of treatments has varied from five to twenty-five per tooth or group of teeth treated as a unit. The color of staining in these cases varies from light yellow through dark brown and gray to black. The cases seen in this area vary from paper white to black.

In some cases the mottled teeth are as resistant to caries as any normal tooth. In other cases they are very soft, chalky, and flaky. The time for the stain to appear on or in the mottling varies. Some erupt stained. Some erupt paper white and the stain appears later. Others erupt paper white and remain unstained through life.

In no case treated has there been a recurrence of stain. Six years have elapsed since the first case treated was completed. This patient has been under constant observation. There has been no reappearance of the stain thus far.

There may be little or no change until about the third treatment. The following few treatments show a marked change. As the number of treatments progresses, the less marked is the change. The reason for this is that the first few treatments remove the superficial stain. As progress is made the bleaching penetration is slower.

In this treatment only the stain is removed, the mottling itself still remains.

The X-ray has been used in the experimental work as an accelerator with no results. The following method has also been used. The formula was heated in a test tube fitted with a rubber stopper and glass tubing. The end of the tubing was drawn out to form a small nozzle. The vapor was directed on the stained portion of the tooth. This procedure produced slower results than the cotton roll and hot instrument technique.

With the etiology of enamel mottling known, its prevention becomes a rational and relatively simple matter. This is largely an educational problem. In regions where fluorosis occurs endemically or where a high concentration of fluorine in the drinking water is found, the use of collected rain water from birth until the age of seven years should prevent its development. (Applause.)

*President Hale:*

I know that there will be a number of questions that you will want to ask Dr. Ames. May I suggest that you prepare those questions and ask him tomorrow in his clinic. Then he can more adequately answer them than here, not only answer you but show you also.

Dr. Ames, you have certainly given us some very informative and interesting data, and we are very grateful to you. We are delighted to have had you with us, too.

*President Hale:*

The Chair will recognize Dr. Wilbert Jackson, Delegate to the American Dental Association meeting at St. Louis:

*Mr. President, Members of the North Carolina Dental Society and Honored Guests:*

It shall be my purpose to bring to you as briefly as possible a report of the most important transactions of the House of Delegates of the American Dental Association held in St. Louis, Missouri, October 24-28, 1938.

This report has been taken from the reports of the various committees, from the *Journal* of the American Dental Association, the published proceedings of this meeting, and from my personal observations at the meeting in St. Louis.

Dr. C. Willard Camalier, President of the American Dental Association, called the 80th annual session of the House of Delegates to order Monday morning, October 24, at 10:30 o'clock. After receiving a preliminary report of the Credentials Committee which represented a quorum present, Dr. Camalier proceeded with appointment of Reference Committee. Our own Fifth District was represented on six of the convention committees.

Dr. Camalier's annual report, which was easily classed as one of the best if not the very best report any president of the American Dental Association has ever made, indicated a term of 15 months filled full of unusual activities which necessitated a travel of 35,000 miles of which 22,000 was made by plane.

The slogan adopted by President Camalier was: "Dental Health for American Youth." This slogan was intensified by a National Dental Poster Contest inaugurated during the year by the American Dental Association in the public schools throughout the country. Five hundred thousand children entered the contest which had as its object to make them more conscious of the importance of dental health and through them convey the all-important message of dental health to the parents and those whom they contact.

The success of the contest was definitely portrayed in Youth's Lane in the auditorium at St. Louis, where more than 5,000 of these posters were displayed. One hundred twenty-seven received honorable mention. There were fifteen prize winners representing nine states. Thirty-five states were represented in the honorable mention class. First award, Section C, Scientific and Health Exhibits, which consisted of Health Educational projects, was won by North Carolina State Board of Health, Division of Oral Hygiene, which is directed by none other than our Dr. E. A. Branch.

#### NATIONAL HEALTH PROGRAM

The committee appointed to consider the National Health Program of President's Interdepartmental Committee recognized the fact that dentistry constitutes an integral part of a National Health Program and recommends first,

"In view of the fact that caries is the most prevalent disease of mankind, the American Dental Association strongly recommends that the Federal Government augment with a comprehensive research program, the efforts of the organized dental profession to determine the cause of this disease."

This committee has been one of the most active and important committees in the A.D.A.

#### THE BUREAU OF PUBLIC RELATIONS

The Bureau of Public Relations in coöperation with the committee on Public Health reports a most urgent need for a well-appointed textbook on Public Health, and recommended that, "The Bureau of Public Relations in coöperation with the Committee on Public Health be authorized to prepare suitable, factual material to be used for a textbook for oral health education, and that the Bureau of Public Relations be authorized to employ a

well-trained educationalist, capable of arranging dental facts into series of graded and intellectual teachings outlined on dental health which may be put into use by teachers in public and private schools, high schools, state teachers' colleges, and normal schools." This resolution was adopted.

#### THE AMERICAN RED CROSS

Plans have been worked out by the American Dental Association and the American Red Cross whereby the A.D.A. and component societies can co-operate with and coördinate their efforts in preparing for and handling relief in disaster.

#### DENTAL RELIEF FUND

The Dental Relief Fund Committee reports an increase in the amount contributed to that fund totaling for the year \$23,873.54. An increase of \$3,354.27 over the previous year.

#### COUNCIL ON DENTAL THERAPEUTICS

The Council on Dental Therapeutics continues to be one of our most efficient councils, and one which we need to support 100 per cent. The Council seeks not only to elevate the dental profession by insisting upon the use of accepted remedies but seeks to persuade manufacturers to bring them products in accord with the Association policies. Since 1930 the Council has announced 436 products acceptable to the Council, 297 not acceptable, 118 not acceptable by reports unpublished, 161 products reaccepted. These figures indicate the importance of the work of the Council.

#### THE RESEARCH COMMISSION

The Research Commission made a most interesting report showing an expenditure of approximately \$148,000 for dental research with thirty-two schools actually engaged in dental research.

#### COUNCIL ON DENTAL EDUCATION

The Council on Dental Education was created by the House of Delegates in 1937 to succeed the Dental Educational Council of America as a standing committee of the American Dental Association.

The committee is composed of three members from the American Dental Association, three from the American Association of Dental Schools, three members from the National Association of Dental Examiners. This committee, which has as its chief object the improvement of dental education, has been one of the most active of the American Dental Association during the past year.

The work of this committee means as much and probably more to the future of dentistry in the United States than the work of any of the A.D.A. committees. This committee, which is composed of some of the finest and most capable men in the profession, will see to it that our dental schools are properly classified as accredited or non-accredited schools. The National Association of Dental Examiners was represented on this committee by our own Dr. Billy Bell. The importance of the work of this committee cannot be overestimated.

#### COMMITTEE ON ECONOMICS

The Committee on Economics has been very active during the year making several surveys relative to dental health plans whereby the masses may be cared for.

## THE CENTENNIAL CELEBRATION

The A.D.A. approved a plan whereby the dental profession will coöperate with the Maryland State Dental Society in celebrating the Centennial of Professional Dentistry in 1940 in the city of Baltimore in a way and manner befitting the great profession.

To support this project the American Dental Association appropriated \$10,000.

## THE NEW YORK WORLD'S FAIR

The A.D.A., the dentists in the State of New York and adjacent states, have made contributions to make this a most interesting dental educational exhibit.

## THE DENTAL JOURNAL AND DENTAL COSMOS

The criticism which arose as a result of the acceptance by the A.D.A. of the Dental Cosmos from the S. S. White Company with certain requirements to be met by the A.D.A. was settled when the S. S. White Company, in a letter addressed to Dr. Camalier, relinquished all rights under the contract heretofore entered into by the company and the Board of Trustees.

The A.D.A. accepted the offer of the S. S. White Company to relinquish all rights as to the Dental Cosmos, and voted to leave the name of the Dental Cosmos off of the *Journal* of the American Dental Association.

## DENTAL LEGISLATION

Probably the most outstanding dental legislation during the year became law January 29, 1938, increasing the Dental Corps of the United States Army by 100 men, and creating the position of Brigadier-General. S. M. Heiniger, the mail order dentist who was successfully prosecuted before the United States Postoffice Department, but who obtained a reversal before Judge Peyton Gordon, is still before the Supreme Court of the United States. The officials of the Postoffice Department feel that Judge Gordon's decision will be set aside and the fraud order will hold.

## A.D.A. INSURANCE

Every member of the American Dental Association in good standing is entitled to make application for this insurance in the Great West Insurance Company. The Insurance Commission headed by Dr. A. D. Weakly of Washington, D. C., have been untiring in their efforts to see that every member knows of the advantages to be derived by purchasing this group insurance.

## MEMBERSHIP

The regular membership as of December 1, 1938, shows 41,344, a grand total including junior members of 43,280 which is the greatest membership in the history of the profession.

## ATTENDANCE

The registration for the meeting was more than 8,000, 27 from North Carolina. Considering the distance, this was a splendid representation. The general meetings were more largely attended than those of other sessions. The section meetings were equally well attended. The section on Children's Dentistry and Oral Hygiene probably received more attention, and rightfully so since its main object was the teachings of preventive dentistry.

The publicity given by the press of St. Louis was the very finest type of educational publicity. The accounts of the convention were of a professional character that was most favorable to dentistry.



The meeting in all its phases was up to and surpassed in many respects the high standard set by previous meetings.

It is to be hoped that more of our members will avail themselves of the splendid opportunities offered by the American Dental Association in the future and attend these annual meetings.

At the last meeting of the House of Delegates, Dr. Marcus L. Ward of Ann Arbor, Michigan, was installed as president; Dr. Arthur H. Merritt of New York was elected president. Dr. Olin Kirkland of Montgomery, Alabama, was elected trustee from the Fifth District.

Altogether the St. Louis meeting was one of the most successful if not the most successful meeting yet held.

(Applause.)

Respectfully submitted,  
PAUL FITZGERALD,  
H. O. LINEBERGER,  
CLYDE MINGES,  
WILBERT JACKSON.

*President Hale:*

Thank you, Dr. Jackson.

You have heard the report of Dr. Jackson. What is your pleasure?

*Dr. Bumgardner:*

I move that the report be accepted. Motion seconded, vote taken and carried.

*President Hale:*

I take pleasure at this time in recognizing our good friend, Dr. J. Martin Fleming. (Applause.)

*Dr. Fleming:*

Mr. President, this is a report of the Historical Committee. (Applause.)

#### REPORT OF HISTORICAL COMMITTEE

Your committee is happy to report the completion of the task assigned. The History has been off the press only a few days and has been distributed only to those who some time in advance had sent in their checks solely on faith as to what it should contain.

At the meeting in Winston-Salem last year, in the hurry of adjournment, it was voted to leave the final details of publication in the hands of the Executive Committee with power to act. A report of the work done prior to the meeting in Winston-Salem was made and in that report an attempt was made to set forth the cost of the finished product. We figured that the book would not contain more than 300 pages and we figured the cost of publication around that number as to cost per page, but as we proceeded, the volume of the work increased. We found more and more material,

“And so I penned  
It down, until at last it came to be,  
For length and breadth the bigness which you see.”

We laid our troubles before the Executive Committee and after full consultation we were ordered to proceed with the publication, even if it made 600

pages—which, at one time it looked like it would do. The final condensation, however, brought the pages down to about 500, and we were ordered to contract for at least that many copies at a cost not to exceed \$4 per copy for the actual printing. It was felt by the Executive Committee that enough copies would be sold to our membership to cover the full cost of publication with perhaps a few volumes left over for future members to procure, so, that in the end, the Dental Society would be merely underwriting the work and not really be out any great amount of money from its own treasury.

THE BULLETIN, through its editor, Dr. Neal Sheffield, has been most helpful in advertising the History, and Dr. D. L. Pridgen, the Chairman of the Executive Committee, mailed out some return postal cards which brought in orders for the reservation of more than 100 copies.

The first delivery contained twenty copies and these, as we said, were distributed to those who had paid in advance. The full order is now finished and is available at the scheduled price of \$6 per copy.

When it comes to the distribution of these and collections for the same, we hope some plan can be worked out that will relieve the Chairman of the Committee of that detail. However, we would be glad to assist in the delivery of and collection for as many copies as the members would care to claim at this meeting. The matter of postage is not great but a delivery at this meeting would greatly reduce the amount of work in wrapping, for mailing, each individual copy.

In the beginning of the work a sum of \$500 was voted the committee for necessary expense in furthering the work and this \$500 should be counted in the cost per volume as most of it has been spent as the financial statement shows.

The following is a statement of the expenditure of that sum:

Copying and research.....	\$ 13.50
Supplies .....	27.30
Stationery .....	12.44
Stenography and typing.....	140.20
Multigraphing .....	80.81
Clerical help .....	32.00
Postage .....	55.00
History of Dentistry in Missouri.....	6.00
Betts, for having picture copied.....	3.00
Personal account.....	5.00
Bynum Printing Co. for cuts.....	71.97
State Bank Tax.....	.54

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Total Expenditures other than the actual printing of book.....	\$447.76
Balance of \$500.....	\$ 52.24

Separate and distinct from this fund we have received 19 subscriptions at \$6, total \$114, thus leaving a balance in the bank of \$166.24 as of today.

So much for the report proper but personally I would love to make a few suggestions. One is that the members of the committee numbering nine, each be given a copy of the book without cost. They have been of the greatest help in attending meetings and in doing any work assigned them. Dr. W. T. Martin has acted as Co-treasurer of our fund and they are all entitled to that recognition.

A limited number of copies should also be given to the college libraries of the State, especially those of the five leading colleges and also to the State Library.



Drs. Harry Bear and J. Ben Robinson have asked that copies be reserved for them and they will gladly send checks but we wonder if we should not give a copy to a few dental college libraries also. I would also suggest that we present Dr. Geo. M. Cooper of the State Board of Health a copy.

I may, in a way, be "sticking my neck out" in this suggestion, I may be flattering myself in even thinking that copies would be appreciated at any of these places but if it becomes only a gesture of friendliness I feel that it is worthwhile.

J. MARTIN FLEMING,  
J. CONRAD WATKINS,  
C. P. NORRIS,  
W. T. SMITH,  
W. T. MARTIN.

*President Hale:*

Dr. Howle.

*Dr. E. B. Howle:*

*Mr. President, Gentlemen:* Inasmuch as the report which we have just heard commands the serious attention of this Society by reason of the fact that it is an important record of North Carolina history to be preserved for posterity, and inasmuch as the huge task of collecting and compiling so vast an array of facts as herein presented has entailed almost insurmountable difficulties; and inasmuch as the result of these labors lies before us thoroughly and beautiful executed,

We, the undersigned members of the North Carolina Dental Society, living and residing in the city of Raleigh, the home town of the author of this report, feeling that we are best qualified to testify as to his qualifications and ability and cognizant as we are of the fact that Dr. J. Martin Fleming is an outstanding member of the North Carolina Dental Society, that he has held all the offices of honor and trust which lie in the power of this body to bestow, that at all times he has filled positions of trust with infinite success, that as long as he has been a member of this Society he has been a constant attendant at all the meetings, and a close student of its problems and an intrepid guardian of its interests, that he has a remarkable memory and has with unswerving diligence maintained a personal file of matters pertaining to this organization, that he is among the best educated men that have graced the registry of this Society, that he is honest and sincere, that in the making of this report he has given unsparingly and unselfishly of his time, in painstaking solicitation of information. that he is thoroughly conscientious and dependable.

Knowing all these things, we feel that this organization displayed rare judgment and discretion in selecting Dr. Fleming as chairman of the Library and Historical Committee, and that this report merits the highest commendation of this body, we move therefore, that the report be received with profound thanks and spread upon the minutes of this meeting with unqualified approval. This motion is signed by all the members of the Raleigh Dental Society.

*President Hale:*

You have heard the motion and it has been seconded. Is there any discussion?

Vote taken and carried. (Applause.)

*President Hale:*

We are indebted to Dr. J. R. Edwards, of Fuquay Springs, for the beautiful flowers and also the roses many of you are wearing in your lapels. It was very thoughtful, kind and considerate of Dr. Edwards, and we appreciate it greatly, Sir.

With your help we are going to run this meeting on time. At two o'clock we convene in this hall to hear one of our own men, Dr. Coble. We are going to begin on time at 2:00 o'clock. We have a full afternoon.

If there is no further business, this session stands adjourned.

Adjournment at 12:50 p.m.

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## GENERAL SESSION

MONDAY AFTERNOON, MAY 1, 1939

*President Hale:*

Gentlemen, the afternoon session will come to order. I recognize Dr. E. G. Click.

*Dr. E. G. Click (Elkin):*

*Mr. President, Members of the North Carolina Dental Society, Ladies and Gentlemen:* We have Biblical authority for the statement that a man is not without honor save in his own country. We have with us this afternoon, as our essayist, one of our own, a member, a life member of the North Carolina Dental Society, and a man who has been recognized in his chosen field, prosthetic dentistry. Raised on a farm down in Alamance County, he has for years practiced dentistry successfully in one of the larger towns in our state. He has appeared as essayist before State Societies in New York, Virginia, Georgia, and Florida. He has attended more meetings of the American Dental Society, given more clinics at the American Dental Society, and more clinics in his own state and other states than any dentist in any state. He is a member of the American Full Denture Society. I don't think that anything I have ever done or ever said has done anything especially for this man or lent him any inspiration in his struggle up to the heights which he has attained but I am proud of the fact that I claim to be one of his first instructors. He hadn't been at old Batimore College but just a few weeks as a Freshman, being a very determined, energetic kind of fellow, until he wanted to get the practical side of the work, so he conceived the idea of making a full denture for his landlady. I, being a second year man, had had quite a little

experience in impression taking so he came to me and wanted me to go with him to take that impression and help him make that plate, so we got out a little box of plaster and proceeded up the street, and there I instructed him in the procedure of taking a full plaster impression. I remember he paid me \$2 for my part of the work. What he got in cash remuneration from that lady, I don't know. I remember, though, she was rather young and good looking but we were just boys then, my friends. Many years have passed. Boys in the class of 1907 and 1908 now have a little gray. That lady up on McCullough Street may still be living and still wearing the plate we made for her but she is not young and beautiful any more.

But the man I am trying to introduce to you has been striving for the best and highest by long hours spent studying and experimenting in his laboratory at night and on Sundays, and has finally reached the place where he can make a better impression than I can. The subject of his lecture is, "A Precision Technic for Full Denture Construction." Dr. Lucian Graves Coble, of Greensboro.

*Dr. Coble:*

If there is any truth in what Dr. Click has said he has had a great part in making it so, for, in 1916 he persuaded me to go with him to Philadelphia for Dr. Paeso's six weeks' course. Again in 1920 we went to Baltimore for a two weeks' course under Dr. Patterson, and in 1925 to Chicago for a six weeks' course at Northwestern University. This is the background of my prosthetics.

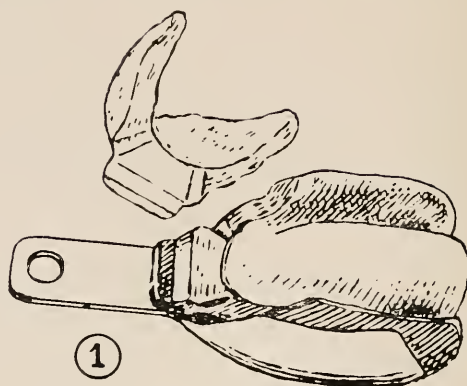
#### A PRECISION TECHNIQUE IN FULL DENTURE CONSTRUCTION

My picture shows how I develop a set of dentures.

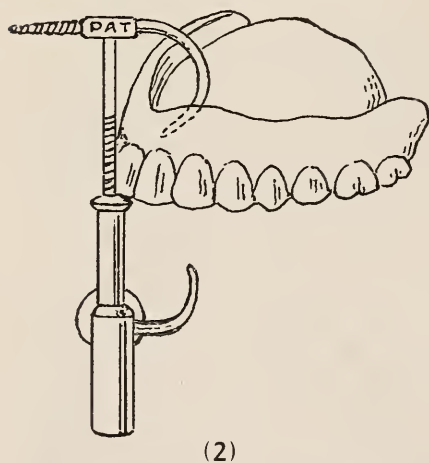
It is not entirely original, but at the same time, I do not use any one individual technique. We all use sectional impressions in immediate denture work, but I use sectional impressions for the edentulous cases, because in getting a well-adapted impression of the rugae and the palate I can see how much I would distort the anterior ridge if soft. Then the ridge can be forced down to its original position with index finger before I make my labial section in plaster. The first step is to select a tray, trimming and cutting away the labial surface and shaping it to fit the case. Then with modeling compound in the tray I force it in the mouth upward and forward, holding it firmly, and with the index finger I force up the surplus across the soft palate. This is removed from the mouth and trimmed. If the patient is wearing an old denture, it is easy to see if it is correct in length. I then measure the old denture, and measure the impression, trimming the surplus the length that I want the new denture. The labial surface is trimmed entirely away and notched to receive the plaster for the labial impression. Then this modeling compound is dried, and with paraffine formula painted well over the surface. The paraffine formula behaves very much like chewing gum. It softens at the mouth's temperature, and is chilled hard enough to pour the cast. After the palate and the buccal are completed I place on the bottom of the tray modeling compound, stops or bite points, and have the patient close, holding it firmly while I raise the



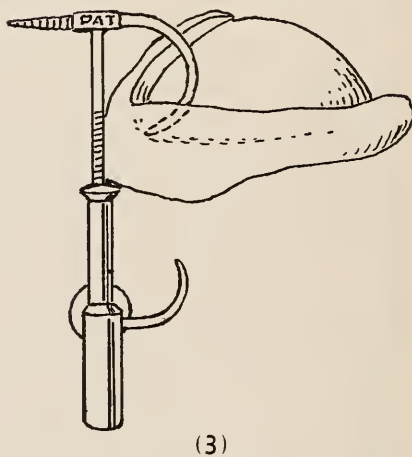
A DENTAL GAUGE IS USED TO RECORD THE PATIENT'S VERTICAL FACIAL DIMENSION.



SHOWING THE SECTIONS SEPARATELY REMOVED FROM THE MOUTH



THE PATIENT'S OLD UPPER DENTURE IS MEASURED TO DETERMINE WHAT CHANGES MAY BE NEEDED IN THE NEW ONE.



THE DENTAL GAUGE IS USED TO DETERMINE THE HEIGHT OF THE UPPER BITE PLATE.

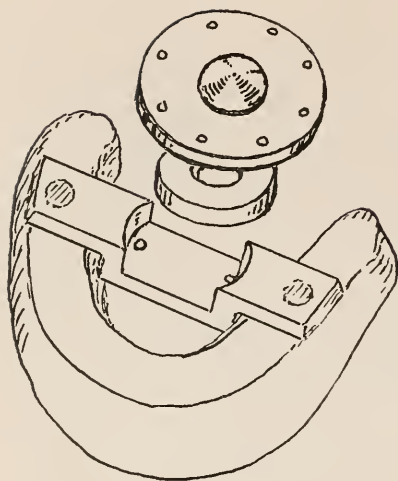


lip and place plaster on the labial ridge. I pull the lip at right angles to the ridge and drop. After the plaster is hard it is removed in the two sections. *Figure 1.*

The lower impression is made almost entirely like Dr. Ostrem's method (except when I use sectional impressions), first placing the compound in the tray and forcing it well down on the ridge, asking the patient to raise his tongue only. This is chilled and trimmed. The buccal flanges and lingual flanges are trimmed just as you would the vulcanite tray. Next I place three bite points on the back of the tray and have the patient close, chill and remove. Now the paraffine formula is applied and with the mouth closed, I have the patient to hold with pressure continuously or intermittently for five or ten minutes. Then with the index finger I force the paraffine formula as much as possible under the impression labially and buccally—pulling the lips and cheeks toward the peripheral border. Then holding firmly with the thumbs, I have the patient to put the tongue from cheek to cheek and raise it as high as possible. If the paraffine formula is removed by the tongue from the peripheral border, the tray is trimmed at this point, repainted, and foregoing movements repeated.

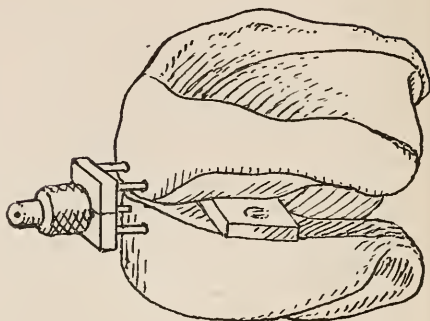
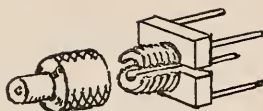
The casts are now made from impressions and my technician is instructed to set up a conventional lower bite plate and an upper bite plate built up from cuspid to cuspid. The patient returns for getting jaw relations. If the patient is wearing an old denture, the anterior teeth are measured to see if they should be lengthened or shortened. *Figure 2.* I want to say here that if the patient is a middle-aged person I do not follow the lip length, because the face has sagged and a division of the teeth set to the lips would prematurely age the person. The lower teeth must be kept well up above the lower lip in case, as I say, with a middle-aged or older person. Then after the upper bite plate is trimmed to the length of the teeth that I want, *Figure 3*, with nothing in the mouth, I have the patient to say "M," holding the lips in the position assumed at the end of the pronunciation, and I measure from a labio-nasal angle to some point on the chin indicated by a pencil. *Figure 0.* Then the upper bite plate is placed in the mouth and the anterior part of the lower bite plate is softened and placed in the mouth, have the patient to close separating the jaws the distance previously determined by the dental gauge. Then the lower bite plate is removed from mouth and the excess wax is trimmed off, the anterior occlusal surface is reduced two millimeters. In trimming this lower bite plate I want to say that each step I take now makes the succeeding step easier. Trim the lower bite plate in the molar region so that when the patient closes with nothing on the upper arch the contact would be general which determines the division of the denture spaces. Now the offset bar is attached to it in the second premolar and first molar regions, and is parallel with the patient's eyes. *Figure 4.* Now a soft piece of Ashes metal is placed across the offset bar and a central bearing screw is placed in position on the bar (*Figure 4*), and a mass of soft wax is placed in the palate of the upper bite plate and the lower plate is replaced in patient's mouth and he is asked to close his mouth until the front part of the plates are in contact. Then the patient is asked to move the jaw from side to side. On the soft metal a gothic arch is formed. The labial parts of bite plates are then scraped off evenly, median line is marked and the foregoing movements repeated. If necessary the movements are repeated several times until the median line marked on plates remains unbroken when patient's mouth is at rest. Then I have the patient close with force to indent the central bearing screw in the point of the angle. These bite plates are then fastened in position with a split staple, the nut removed from staple and plates removed from mouth separately. *Figures 5 and 6.* Now, as I have said, each step makes the succeeding step easier. I want you to take





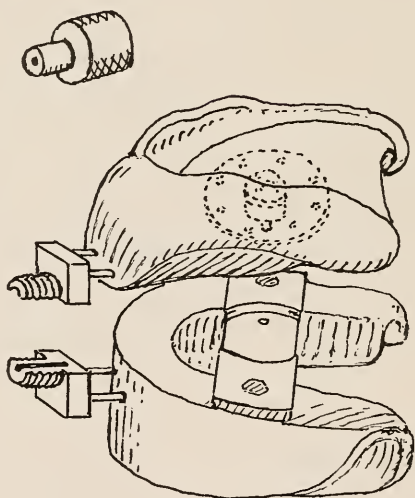
(4)

THE OFF-SET BAR IN PLACE ON THE LOWER BITE READY TO RECEIVE THE CENTRAL BEARING SCREW (ABOVE).



(5)

THE BITE PLATES ARE LOCKED TOGETHER WITH A SPLIT STAPLE.



(6)

THE BITE PLATES ARE DISASSEMBLED FOR REMOVAL FROM THE MOUTH.

notice of the easy manner in which the lower cast can be placed on the articulator so that it assumes the same position that it does in the mouth by paralleling off-set bar to the condile heads. Then the bite plates are reassembled and again fastened together by replacing the threaded nut on the split staple and the upper cast is fastened in correct position. Now the upper six anterior teeth are set up and the six lower anterior teeth and the first bicuspid also. This setup is placed in the mouth and if the nose leans from the median line the tooth prominent in the setup must stand in line with the nose. Then, this is tried in and patient asked to move jaw from side to side. This helps determine how much over-bite you can have on this individual. That is, if I am going to use the anatomical molds in posterior teeth I first raise the screw a millimeter before making this test to see what over-bite I might have. If I am using the non-anatomical posterior teeth, the screw is not changed. Then the off-set bar is removed from the lower bite plate and the bite plate is trimmed and shaped to receive the upper teeth. Now, if you are using the Monson curve, it would be lowered lingually, or if you are using the Anti-Monson curvature, the bite plate would be trimmed buccally. After the upper teeth are set to the lower bite plate I want you to note how easy then it is to place the lower bicuspid and molars by simply trimming away the buccal surface of the bite plate.

After the dentures are finished and polished they are mounted on the articulator with plaster (without using a "bite") in such a way that they can be easily removed and replaced.

When the patient returns for the dentures place them in his mouth and have him bite (in centric relation) into wax previously placed on the occlusal surfaces of the lower teeth, *Figure 7*.

Return the dentures (held in correct centric relationship by the wax) to the articulator and attach them thereto by lowering the pin on the upper bow into fusible metal that has been poured into the middle cup. The molten metal can be quickly chilled by dipping the cup in cold water, care being taken not to let the water come in contact with the metal.

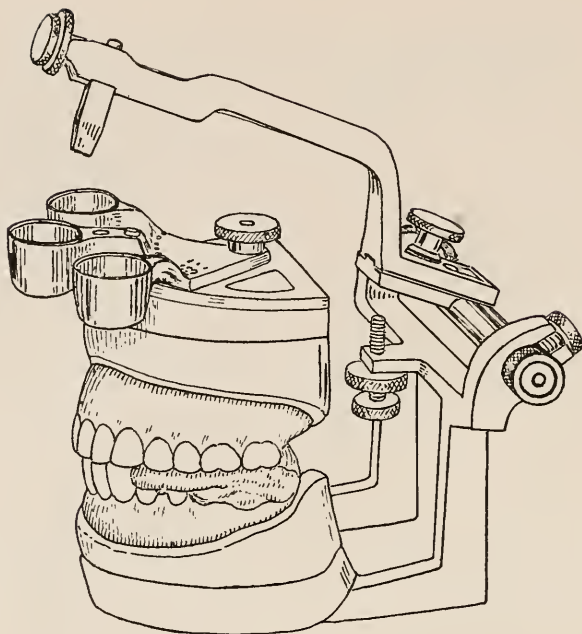
After the spot grinding in centric relation is completed, place wax over the molars and premolars of the upper denture and press it well around and between the teeth. *Figure 8*. Place the dentures in the patient's mouth and have him close his mouth and move his lower jaw around until the upper and lower teeth are in contact.

Remove the dentures from the mouth, chill the wax, place the lower denture in the extreme lateral position on one side as registered in the wax, and fix it in this position on the articulator by means of fusible metal placed in the lateral registration cup on that side. *Figure 9*.

The same procedure is repeated on the other side, the wax is removed and spot-grinding is then done in right and left lateral positions.

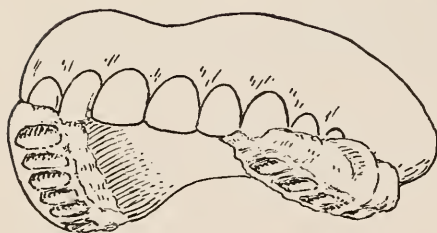
When this has been completed, the glaze on the untouched occlusal surfaces of the molars and premolars is removed with a fine stone and the dentures are replaced in the patient's mouth, with abrasive paste between the teeth.

The patient is then asked to grind the teeth together. The teeth are thus milled in to fit the movements of the patient's jaws, a much more satisfactory method than milling them in mechanically to fit the movements of the articulator.



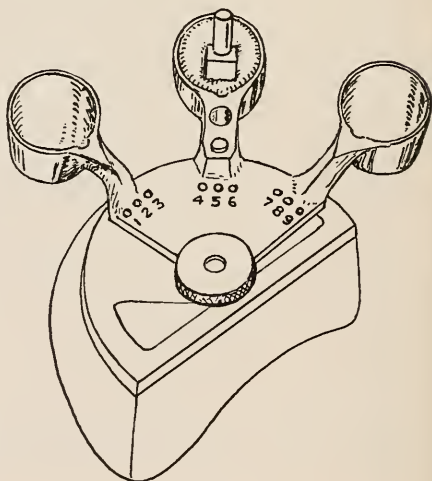
(7)

THE MANNER IN WHICH THE DENTURES ARE MOUNTED FOR GRINDING-IN THE TEETH.



(8)

WAX PLACED ON THE UPPER TEETH PREPARATORY TO RECORDING THE ECCENTRIC RELATIONS.



(9)

THE REGISTRATION CUPS USED FOR MAINTAINING THE VARIOUS POSITIONS OF THE DENTURES DURING THE GRINDING-IN PROCESS.

*President Hale:*

I am sure that all of you enjoyed Dr. Coble's presentation and I'll ask you to please prepare whatever questions you have so that you may ask him in his clinic Wednesday morning. He cannot only tell you but show you. I certainly want to take this opportunity to thank you on behalf of the entire membership.

The Chair wants so recognize Dr. Junius C. Smith.

*Dr. Junius C. Smith (Wilmington):*

Research work is one of the biggest problems in our practice. Our next speaker is going to talk to us this afternoon on "What Pulp-involved Teeth can be Safely Retained, and by What Methods?" I present to you Dr. E. A. Jasper, Washington University Dental School, St. Louis.

*Dr. E. A. Jasper:*

*Mr. Chairman. Members of the Society, Guests:* I am very happy to have the privilege of addressing you, and hope that you may derive some benefit from what I have to say.

(Applause.)

"WHAT PULP-INVOLVED TEETH CAN BE SAFELY RETAINED  
AND BY WHAT METHODS?"

For a number of years the treatment of pulp-involved teeth was considered a questionable practice. Even today many dentists look upon root-canal operations with doubt and misgiving. This attitude dates back to the advent of the X-ray, at which time many comfortable and apparently healthy teeth were found to be infected. When it was subsequently learned that the removal of such teeth sometimes brought relief from systemic disorders, root-canal therapy, such as it was, naturally fell into disrepute. The rank and file of the profession would have nothing further to do with it. Teeth were extracted in countless numbers; not merely abscessed teeth, but those with accidentally exposed pulps; not merely inaccessible posterior teeth, but anterior teeth which might have been readily treated.

Gradually it dawned upon the more thoughtful men of the profession that there might be some way to stop this indiscriminate removal of teeth. They began to wonder if some means could not be devised to treat teeth successfully, now that they had the X-ray. A few of them took it up again. Men such as Appelton, Blaney, Buckley, Coolidge, and Grove, men with broad scientific background, gradually developed efficient methods. Teeth so treated were periodically radiographed. Those menacing shadows appeared less and less frequently. Then in the research laboratories of our large universities careful studies were made of the microscopic structure of such teeth—that is teeth which had been treated and sacrificed for the purpose of study. When it was eventually demonstrated that new cementum is deposited in the apical foramina of *properly* treated pulpless teeth, nature thus sealing any interstices remaining after canal therapy, it was at once apparent that such teeth could not be a source of infection. The very same thing not infrequently occurs in vital teeth of elderly individuals.

It is my purpose today to present a few common-sense procedures applicable to the treatment of simple pulp involvements. Time will not permit of a

detailed study of the more complicated treatments for periapical infection, but I will touch briefly on the principles involved and display several additional slides showing the possibilities of such treatments.

#### DIAGNOSIS

Now our first consideration obviously has to do with diagnosis, or case selection. This need not consist of a complex examination, but there are several pertinent factors which we should always note carefully. These are: The patient's age and health, the accessibility of the tooth, and the condition of the periapical tissues.

In considering the age factor, it should be borne in mind that the removal of a dental pulp involves an injury which only nature can repair. Certain metabolic changes will take place in the tissues of the tooth apex after pulp extirpation, just as changes occur elsewhere in the body after the removal of a part. Since we anticipate that these changes will be curative and not necrotic, this work should be done only for patients whose recuperative power is still good. The same applies to the health factor. If a patient's general health is below normal, normal reparative processes cannot be expected.

In considering the accessibility factor, not only the location of the affected tooth is considered, but also the curvature of its canals. In other words, the tooth must be so accessible that we can fully clean and fill the large canals. The more thoroughly various openings are mechanically sealed, the less is required of the adjacent tissue in effecting repair.

The fourth factor, namely periapical involvement, is of particular importance. If the roentgenogram shows extensive periapical involvement, the tooth is affected by an infection of long standing. Only persons with unquestionably good health should be considered for treatment. A roentgenographic examination of other parts of the mouth should also be made, and the diagnosis based on the complete findings. As a general rule, we extract all multi-rooted teeth when infected, and confine our treatment to those teeth which it would be very difficult to replace, esthetically or otherwise.

#### INSTRUMENTS, THEIR CARE AND STERILIZATION

The next consideration relates to technique. To perform satisfactory pulp-canal operations one need not have an elaborate array of instruments and accessories, but those used should be of the best quality and should be kept in excellent condition. The removal of a dental pulp, and the preparation of the pulp canal for filling, requires delicate instruments of finest steel.

Broaches, reamers, files, etc., cannot be boiled without injury. They should be immersed in phenol or metaphen or Bard-Parker solution for at least ten minutes; then in alcohol. This may be done at any time previous to operating, if the instruments are then placed in a sterile, air-tight container (Mynol dish). Pulp-canal instruments showing slight defects after use should be discarded, as they may be readily broken off in a tooth. Such an accident almost invariably means failure, as the broken part is usually wedged at some inaccessible point.

A Luer syringe and several needles of various lengths may be placed in a test tube, stoppered, and autoclaved. If an autoclave is not available, syringes and needles can be wrapped in gauze napkins, securely pinned, and boiled. When the package cools and dries out, it is placed in a dust-proof container for future use.

Cotton points and pellets should be placed in a covered tray and autoclaved, or immersed in molten metal as used. If the latter procedure is followed, various pieces of cotton goods should be immersed for five or six seconds, or until slightly scorched. This is ample for surface sterilization.



## ANESTHESIA

Having determined that the tooth in question may be successfully treated, anesthesia is obtained by either the infiltration or conduction method as the case may indicate. The usual 2 per cent procaine-epinephrine solution has given very satisfactory results for years. Its only objection has been an occasional case of extreme nervousness, and rarer still, syncope. The recently introduced monacaine-hydrochloride gives promise of obviating this disagreeable side-effect completely, and I am happy to state that our experience thus far has been entirely satisfactory.

Discomfort from the needle puncture can be minimized by the application of a topical anesthetic. Butyn Topical (Abbott) is excellent for this purpose, or you may have your druggist prepare the following solution for you: Benzocaine 8 grams, Benzyl alcohol 40 cc., oil of cloves 20 cc.<sup>4</sup>

If sufficient time for pulp removal is not available at the first sitting, or if an inflamed pulp is being dealt with, the superficial carious matter should be removed and a sedative antiseptic sealed in the tooth. Cresatin (Sharp & Dohme) is recommended here. It does not coagulate albumine, and penetrates deeply.

Arsenic trioxide, used for many years as a devitalizing agent, should be avoided. As it is impossible to remove the tissues from accessory canals, and as it is unquestionably desirable to keep them healthy, protoplasmic poisons should not be used.

## PULP REMOVAL

When the anesthetic has been administered, the affected tooth and those approximating are cleansed, and the rubber dam fixed in position. Tincture of metaphen or iodine is thoroughly applied to the involved area, and the pulp chamber opened with a large round bur. Inverted-cone and cross-cut fissure burs are avoided so as to retain the natural contour of the pulp chamber, and facilitate entrance into the canals.

If anesthesia is not profound, it may be supplemented by "pressure anesthesia." This is accomplished by applying a procaine pellet directly on the pulp, covering with a small piece of cotton then unvulcanized rubber, and applying gentle pressure with an amalgam plugger. Special care should be exercised in handling these items so that they are not contaminated, and the pulp in turn infected.

If the canal is constricted at the apex, as it ordinarily is in a well-developed tooth, a fine barbed broach can be inserted and gently carried to the root end. The broach should now be slightly withdrawn so that it does not bind, turned slowly several times in order to engage the pulp, and then withdrawn. Often the pulp can be brought out in one piece. The depth to which we have operated is now recorded in millimeters.

If the canal is very fine, not permitting the entrance of a barbed broach, it must be reamed. The pulp tissue is thereby brought out in shreds. Before this is done, however, a diagnostic wire should be inserted presumably to the root end, and another radiograph made. By this procedure injury to the periapical tissue will be avoided.

Even in those instances when the pulp is apparently removed in one piece, the canal must be enlarged so as to remove irregularities from the wall, and prepare it for a filling. This is accomplished with files, the length of which is repeatedly checked against the tooth length. The larger size instruments should not be used until the canal has been thoroughly explored with the smaller ones. This will prevent the formation of ledges, over which it is very difficult to proceed.

## HEMORRHAGE CONTROL AND SEDATIVE DRESSING

When the pulp has been removed, bleeding from the periapical area must be checked. This can ordinarily be done with absorbent points. In persistent cases Thromboplastin (Squibb) is effective. Tannic acid in glycerin can be used, but is not so desirable as it may stain the tooth. Phenol is sometimes recommended, but escharotic drugs should be avoided.

A dressing of eugenol or cresatin should then be sealed in the tooth to allay the pain that follows the passing of anesthesia. Incidentally mild antiseptic action is desirable to overcome any infection which may have been inadvertently carried into the canal. The apical tissues are thereby given an opportunity to readjust themselves, and the possibility of trapping exudate or infective material by an immediate filling is avoided.

## CANAL FILLING

The patient should return from two to three days after pulp removal. A longer period is permissible, but more than a week is undesirable. The medicament loses its efficacy, and the accumulated exudates in the canal become foul. The rubber dam is applied, and the field of operation thoroughly cleansed, again using tincture of metaphen or iodine. The temporary filling and dressing is then removed, and the canal bathed with alcohol and dried. The canal having been previously enlarged and measured, it is ready for filling.

We now come to a phase of this work that has always taxed the skill of the best operators; that is, accurate filling. If a canal is overfilled, the periapical tissues are impinged on. They may tolerate such impingement, if it is not too great, but the filling is certainly not ideal. Nature's work of healing is made much more difficult when foreign substances protrude beyond the apex. On the other hand, if the filling is short, short in relation to the cleansed canal, a void is left where dead cells and bacteria will collect. Trouble invariably results.

Again, a type of filling that is equally as hazardous is the porous, or non-sealing, kind. Unless we insert a dense and well-adapted filling, we simply add to various fomites that may be present about the body, and defeat our purpose no matter how well the other phases of our technique are worked out. Guttapercha has long been a favorite material, and is a good one well condensed or closely adapted to the canal wall. However, it is extremely difficult to prevent over-filling during the condensing process, as guttapercha readily changes shape under pressure.

The desire to simplify this all-important step prompted me to have cones made which correspond to standard instruments, and also retain their shape. They are of pure silver. When the preparation of a canal has been completed with a number 6 file, for example, a cone of similar proportions can readily be placed in position. An impermeable sealing compound is used in conjunction with these cones, and is readily forced into any irregularity by the piston-like fit of the cone in the main canal. Any one of several sealers on the market can be used for this purpose. They are essentially zinc oxide and eugenol, with the addition of resin and some radio-opaque substance, such as finely divided silver.

For those who might question the use of silver as a root filling material. I wish to state that these cones were introduced in 1931 (reported in the literature in 1933)<sup>5</sup> and have since gained wide popularity. Their tissue tolerance has been established by various practitioners, and the dental schools of Washington, Michigan, and Western Reserve universities. The institutions mentioned have been large users for the past three years. Of course, the use of silver in surgery is not new, and silver in various forms has been advocated

for pulp-canal therapy on numerous occasions. The merit of these cones lies in the fact that they have been machined to fit apertures made by various instruments.

#### INFECTED TEETH

In the procedure outlined above, I have attempted to present a method of handling simple pulp involvements, such as might occur in cavity preparation or directly after any accident. The study of infected teeth, on the other hand, presents a rather complicated picture. Here, we are faced with unfavorable conditions, not found in cases of simple pulp extirpation. The tissue in accessory canals is almost invariably infected, and the resistance of the periodontal membrane is lowered. Sometimes the adjacent bone is affected, and the root-end denuded.

In the simpler cases, that is when a single-rooted tooth is involved, when the patient's health is unquestionably good and when the problem is not complicated by similar infections in other parts of the mouth, an effort should certainly be made to save the tooth. This belief is based on the fact that we have seen hundreds of such cases in which the periapical area cleared, and remained so indefinitely. It is contended that such teeth are always a potential source of infection. We are not in agreement with this view. Hess<sup>6</sup> has shown that apical ramifications occur in a large percentage of cases, but, in single-rooted teeth, it is not over 31 per cent. More than two-thirds of all these teeth, therefore, of the possibility of successful treatment, as the foramen can be sealed. We cannot ascertain from a roentgenogram whether branch canals are present, but we can determine from a culture whether we have eliminated the infection. When we are unable to do so, we either extract the tooth or resort to apicoectomy; our decision being governed by the location of the tooth, the amount of supporting bone, etc.

A variety of methods have been advocated for the treatment of infected teeth. We find that, while many have merit, the chlorine-bearing preparations cause the least irritation and are usually as effective as the others. Our customary procedure is as follows: At the first visit, the tooth is opened, debris removed and access gained to the canals. Chlorazene (Abbott) 4 per cent in distilled water, is then sealed in the cavity. This drug rapidly liberates chlorine, detoxifying much of the infected canal tissue in one treatment. Its action is brief, however, and the patient must be seen again within twenty-four hours. At the second visit, the rubber dam is applied and the canals fully cleansed, 1 per cent chlorazene being used freely in the process. Chloro-camphene (McNeil) is now sealed in the tooth and allowed to remain from two to three days. This compound also gives off chlorine, but more slowly, and may therefore be left in the tooth for a longer period. Incidentally, it is soothing to the inflamed periapical tissues and promotes healing. Two or three treatments of this kind will frequently overcome the infection. Elimination of infection can usually be determined by the absence of foreign odor and discoloration from the dressing. A culture should then be made and, if it is negative, the canals can be bathed with alcohol, dried and filled.

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*President Hale:*

Has anyone any question he would like to ask Dr. Jasper?

*Member:*

What do you think of ionization? Is it an effective treatment?

*Dr. Jasper:*

I think ionization is a very effective treatment in overcoming infection within the tooth and sometimes it is effective in overcoming infection adjacent to the root end. However, it has been my experience that in using ionization and electric sterilization one must sometimes follow it up by root resection. In other words, it is not quite the answer to our question. It has a place in the treatment of infected cases in that it steps up or hastens the treatment of simpler cases. It will not, in my opinion, take care of all of them. Root resections are sometimes inevitable.

*President Hale:*

Are there any more questions?

*Member:*

Would you mind giving that formula?

*Dr. Jasper:*

I would state that Butyn Topical prepared by the Abbott Company, is the most effective of all Topical anesthetics. It is approved by the American Dental Association Council of Therapeutics. I like it best of any of them. The formula I gave was Benzocaine 8 grams, Benzyl alcohol 40 cc., oil of cloves 20 cc. The reason I make a point of giving you a formula for a combination of this kind is that perhaps some will not purchase Butyn Topical, it being quite expensive. It costs about \$3.80 for two ounces while Benzocaine, alcohol and oil of cloves can be prepared by your druggist for 25c to 50c an ounce.

*Dr. J. H. Wheeler:*

One question, please. After periapical infection, when you get bone regeneration, are you satisfied?

*Dr. Jasper:*

Yes, I am. I am satisfied for this reason. When we get bone regeneration, we have evidence that nature has come to our aid. Nature has worked with us. Sometimes Nature does not affect bone regeneration, and we are again up against extraction or retrosection. The reason I feel quite certain of such teeth in which bone regeneration has taken place is we have first obliterated the cause of infection. We have cleaned the root canal and sealed it. That was the initial cause of the periapical involvement. If in addition to what we have done Nature lays down new bone, we



need not have any fear that that tooth is going to be further cause of infection. However, for the skeptical person, let him have it sufficiently checked periodically for radiograph, for keeping his teeth cleaned or dental service rendered.

*Member:*

I'd like to ask the Doctor what he uses for dressings?

*Dr. Jasper:*

For the root canal? I stated in the paper that we have found Chlorazene, an Abbott preparation as effective as any, and they do not cause as much periapical irritation as some of the other infections. Answering your question, after a tooth has been opened and drained, and we are about to begin treatment, we first absorb all the moisture with absorbent cotton, and then seal in a treatment of 4 per cent Chlorazene (Abbott). This is already prepared. Chlorazene is prepared by Abbott and Company. One tablet makes 1 per cent solution if dissolved in one ounce of distilled water. Inasmuch as this drug rapidly deliberates chlorine, the patient must be seen shortly again. If the dressing is left in the tooth longer than 24 hours, the chlorine is dissipated. The infection again gets the upper hand. Follow up with 1 per cent chlorazene and chloro-camphene. This is a combination of mono-chlorazene and camphor. It liberates chlorine, much more chlorine than Chlorazene, and may therefore be left in the tooth for a longer period of time—2 or 3 days. However, I never risk leaving it in longer periods because of the fact we always have difficulty of exudates in periapical areas and this compound is soothing to the inflamed periapical tissues and promotes healing. Change every two or three days. One need not change to any other drug. If the chlorine bearing drug will do it those I mentioned will suffice.

*President Hale:*

Dr. Jasper, we appreciate the fact that you have come a long distance, made sacrifices and that you have contributed measurably to our program, and we thank you greatly. (Applause.)

It is my peculiar pleasure to introduce to you Dr. George W. Duncan, of Richmond, Va. George, stand up. When Dr. Fleming was asking about helping to get up a design for the cover of the program of the North Carolina Dental Society, I couldn't think of anybody but Dr. Duncan. He and I were class-mates, and he is an artist of no mean ability. He designed the emblem for us, and I thank him very much for it.

*President Hale:*

The Chair recognizes Dr. H. K. Thompson.

*Dr. Horace K. Thompson (Wilmington):*

*Mr. President, Ladies and Gentlemen:* When I was asked to introduce the speaker this afternoon, I replied that I didn't know the gentleman



personally, but from his work, as many of you do. I have since met him and I like him. You will like him, too, when he brings us the message on "The Selection, Care and Manipulation of Silicate Cements." If you are in my position, you will welcome the opportunity to listen to a man who knows from practical experience and research the aggregate knowledge of silicate cements. Dr. Paffenbarger is Senior Research associate of the American Dental Association at the National Bureau of Standards, Clinic practice—Palama Settlement Dental Clinic, Honolulu, Hawaiian Islands, and Member Faculty, Dental School, Ohio State University 1927-29. It gives me a great deal of pleasure to present Dr. George C. Paffenbarger.

*Dr. Paffenbarger:*

#### THE SELECTION, CARE AND MANIPULATION OF SILICATE CEMENTS

*Mr. Chairman, Dr. Thompson, Members and Guests of the Dental Society of the State of North Carolina:* If you gentlemen and ladies can hear me without the microphone, I prefer to speak without it.

You perhaps know that the American Dental Association maintains a Research Fellowship at the National Bureau of Standards for the study of dental restorative materials. Two of the main functions of the research fellowship are to formulate standards or specifications for materials which you use and also to investigate what effect the different technics have upon the physical properties and chemical properties and therefore the servcibility of these materials which all of us use.

In the January issue of the Journal of the American Dental Association is a very extensive article on the physical and chemical properties of silicate cements. The title of that article is "Dental Silicate Cements—Physical and Chemical Properties and the Specifications" by Paffenbarger, Schnoover and Souder. Those pages contain an enormous amount of technical information for the dentist and for the research worker.

What I propose to do here this afternoon is to glean from this extensive work those items which will be of direct usefulness to you every time you insert a silicate cement restoration.

Now the first question confronting us is, "What cement to use and why?" We all know that these cements are none too good for the purpose intended and so it behooves us to select a good cement and to use it in the most rational manner that we can. Now what cement shall we select? And that is not a difficult question to answer. On page 1861 of the November 1938 issue of the Journal of the American Dental Association there are listed six silicate cements which have passed the specifications of the American Dental Association. I am going to read those:

#### *Cement*

Astralit  
Baker Plastic Porcelain  
DeTraey's Synthetic Porcelain  
Durodent Enamel  
Smith's Certified Enamel  
  
S. S. White Filling Porcelain,  
Improved

#### *Manufactured by*

Premier Dental Products Company  
Baker & Company, Inc.  
The L. D. Caulk Company  
Oskar Schaefer  
Lee B. Smith & Son Manufacturing  
Company  
The S. S. White Dental Manufacturing  
Company

What does that list mean? It means the cements on that list were guaranteed by their manufacturers to pass the specifications of the American Dental Association. It means that the cements on that list were procured in the open market from Dental Retail Supply Houses by the Research Commission of the American Dental Association and were sent to the National Bureau of Standards where the Research Fellows of the Association tested them to see whether the cements had the properties which the manufacturer guaranteed them to have. If the cements did comply with the specifications they are entered on the list and if not, they are not on the list.

What does this mean? It means the cements on that list have relatively low solubility. It means the cements have relatively high strength. It means they have the proper setting time, that they have the proper opacity and what is more, it means that the arsenic content of cement is no more than two parts in a million. That is about as low in arsenic content as can be commercially produced. It means that purity, in so far as arsenic is concerned, is the same purity which the American Chemical Society specified for the highest grade chemicals which are to be used in analytical work. Since that specification was put into effect, some of the cement manufacturers have had to buy higher grade phosphoric acid and a higher quality of chemicals in order to meet the arsenic requirement.

Now that we have disposed of the selection of a cement, we shall consider the proper care of the cement powder and cement liquid. Have you ever purchased a cement which, when you first purchased it, set in a normal manner, yet on later use was found to not set properly, to set too slowly? If you did, the reason for that behavior of the cement is probably that the stopper was left out of the liquid bottle and that the air was dry, that is, the humidity was low, and, the water escaped from that cement liquid, and evaporated into the air and you had a more concentrated liquid, less water in the liquid, more acid in the liquid and as a result you had a slow setting cement. Now you can have the reverse of that if the air is very moist. If the liquid in the bottle is exposed for long periods of time, the liquid will absorb water from the air. Then the liquid will contain too much water and the cement will set very rapidly; so it is necessary to keep the stopper in the liquid bottle all the time except while actually withdrawing the liquid for use. If that procedure is adhered to, very little trouble will be encountered in the use of these cements as far as the age of the cement is concerned. Now sometimes you will use these powders and liquid which, when first mixed, would have the correct shade but as you have the cement on hand for a number of months, you will gradually notice that when the cement is mixed it would have a gray appearance. That may be due to the fact that dirt such as coal soots or carbon of some kind has gotten into the powder and slightly discolored it. It only takes a very minute amount of such a thing as coal soot to discolor the powder enough to detect by ordinary visual means. Keep the stopper in the powder bottle, too. It is very bad practice to take the excess powder which you have left on the slab and deposit it again in the bottle unless you make certain it contains no foreign material.

Where shall silicate cement be used? Gentlemen, if a salesman walked into your office and said, "I have here a bottle of cement. This is an unusual material. This cement can be used to replace three-quarters of the coronal portion of the tooth and that restoration of it will last thirty years. It will last longer than enamel itself. It will replace amalgam. It will do anything amalgam will do. It is a wonderful material." Gentlemen, when

a man makes that statement, you can bet one of two things—either he is stupid, or he thinks you are.

There is no ceramic material whether glass in the window, tile on the floor, plaster on the ceiling which has metallic properties. All ceramic materials are brittle in extreme and whenever any one invents a ceramic material that will do those things, its application in dentistry will only be a drop in the bucket. He will have indeed a unique material. Now why can't we use cement to replace metals in the mouth? Let us consider strength alone and let us select the weakest metallic material which we use in the mouth. Select the strength of amalgam and compare it with the best cement. I have here a bar chart. This longest line on the bottom chart represents the compressive strength of amalgam. You will notice that the next bar is approximately half that, indicating that silicate cement has approximately one-half the strength of amalgam, while zinc phosphate cement which you use to cement inlays and appliances in place has about one quarter of the strength of amalgam. But strength isn't the whole story. We have this question of brittleness. Even with this low strength silicate cement, if it was tough, it could be used to partially replace amalgam. But to issue a statement that cement will replace amalgam is simply a fantasy of the advertising department. You can only use silicate cement with any certain degree of success in sheltered and protected cavities and the reason for that is; the inferior physical properties of the material.

Let us now consider mixing technic—a very, very important item in so far as the satisfactoriness of a silicate cement restoration is concerned. The single most important element in mixing technic is to get as much powder into a given amount of liquid as one can. If we mix these cements to the proper consistency, have the temperature of the slab and the time of mixing controlled, we can produce the best mixes possible.

How thick should silicate cements be made? As thick as possible and yet have it adhere and be adaptable to the cavity. I have some specimens here of zinc oxide and "vasaline" which give an indication of the desirable thickness one should achieve in mixing these cements. Now why do we want to mix these cements thick? Because a thick mix is less soluble than a thin mix. It is stronger. It has less shrinkage. It will stain less. It is harder. In fact, every property which you want, the thick mix will have and every property you don't want, the thin mix will have. It is well to know your powder-liquid ratio before you begin the mix. That is, it is well to know how much powder you want to put in a given amount of liquid before you start to mix. The customary way of mixing, of course, is to have some cement powder in excess at one end of the slab and unmeasured liquid at the other end of the slab. Gradually mix until you think you have the right consistency. It takes longer to mix that way. You always have excess powder left that you want to dump back into the bottle which is an unsatisfactory procedure. We had to make duplicate mixes in our investigations, so we weighed it out on small scales, such as a gold balance which many of you have around the office, and measured the liquid with a hypodermic syringe. Using this method you know how much powder you are going to put in a given amount of liquid ahead of time and you can teach your assistant to do this so that you will always know you are going to have the right mix. A simple experiment which you could do would be this—assume this is a mixing slab. Weigh out, say two grams of powder and place it on this end of the slab. Measure out, say four-tenths cc of liquid on this end of the slab and then mix until you arrive at what you consider the proper consistency. Weigh the balance of the powder you



have left, deduct this from the initial amount, and you will have a figure for the amount of powder which you use in a certain amount of liquid. Then your assistant can always duplicate your mix.

How cool should the slab be? Well, the union of the powder with the liquid is a chemical union and temperature affects chemical union. If the slab is hot, reaction proceeds rapidly. If it is cool, reaction is retarded. We want to retard the reaction because we can get more powder into a given amount of liquid and that is what we are striving for. If we make a mix on a slab which is 90 degrees Fahrenheit and take measurements of how much powder to mix with four-tenths cc of liquid and repeat the experiment using the slab at 70 degrees Fahrenheit, you will find you can get one-fifth more powder in the same amount of liquid—one-fifth more at 70 than at 90. That is one of the answers why sometimes you will have some fillings that will last a lot longer than others because that filling which was made on a 70 degree slab is going to have one-fifth more powder in it. It is less soluble and will make that restoration long lived.

Now at what temperature should the slab be? In reason it should be 60 to 70 degrees Fahrenheit. Sometimes we can't do that. If the air is humid and the temperature high the slab cannot be cooled to 70 degrees because water precipitates on the slab the same as it does on a pitcher of ice water on a hot humid day. So, I firmly believe that a better mixture of silicate cement can be made in the winter time when the temperature of your slab is 60 or 70 degrees Fahrenheit and when the atmosphere is dry and water will not precipitate, than when it is a hot, humid day, when you can not get as much powder into the liquid. The result is a comparatively unsatisfactory mixture. I have heard dentists say and have seen written sometimes that there is no need of cooling a slab but I hope if any of you gentlemen harbor a doubt about that matter you would try some clinical experiments and keep records and satisfy yourself about it. Humidity will not greatly affect cement mixes other than in the matters which I have just stated, if the cement liquid isn't deposited on the slab any longer than is necessary. The cement liquid, which is phosphoric acid and water with some aluminum and zinc phosphate dissolved in them, has an affinity for water and when it is exposed to air it is either going to give off water or take on water depending on the humidity of the air. If we use some measuring device such as a small Luer syringe, we can withdraw the liquid from the bottle, wipe off the syringe and lay the syringe on the bracket table. It has such a small opening in the end of the barrel there is not going to be any significant change in that liquid if you allow it to lie on the table. Picture the dental scene. You have cement powder on the slab. You have completed the toilet of the cavity. Now, eject the liquid on the slab and make the mix immediately. If you do, you are going to have better results. You won't have fast setting cement if the air is humid or slow setting cement if the air is real dry. Another thing, don't use the whole slab in mixing. It isn't necessary. Use a quarter of the six by three inch slab surface because the more you spread cement out the more it is exposed to the air.

If we take a test tube and pour into that a large quantity of silicate cement liquid, and then just take a very small quantity of powder and put in the liquid, you will see that the cement powder is not readily soluble in the liquid. If you take a silicate cement restoration and cut it in two and look at it under a microscope, you will see the picture represented by this schematic drawing, the black portion represents the powder portion. The white spaces in between the black are the cementing substance which

forms when the liquid attacks the surface of the powder particle. Now in a thin mix you are going to have more of the cementing material in proportion to the unused powder than you will in thick mix. It is this cementing material which is the weak part. This is the part that dissolves, is soluble. Of course a thick mix having less of this in it is going to be less soluble, stronger and will not shrink as much. We have made some direct comparisons. Take a thick mix and determine the solubility and you will find it to be one-third less soluble than a thin mix. That is another reason some of these restorations have lasted a longer time than others. A thin mix is also 20 per cent weaker and it will shrink twice the amount of the thick mix.

Now we come to one other important point in the technic—how long should silicate cement be mixed? No longer than is necessary. If you can mix it in thirty seconds, do so. Don't mix it for a long period of time. It is the most pernicious practice in which one can indulge. Why? When the liquid attacks cement powder it forms a jelly like material, very similar, you might say, to gelatin. If you continue to mix while this is being formed, you will break it up and it will not unite. It is just like a dish of gelatin when it is broken, closing it together again will not heal a rupture. The same type of thing happens in silicate cement. The matrix or cementing material is essentially a colloid, so make the mixture as rapidly as possible. Make it in thirty seconds if you can. Make it on a cool slab that will retard reaction. If you take a short time in mixing and use a lot of powder, you will have a fine mix. These—a thick mix, a short mixing time and a cool slab—are the three cardinal points in rational silicate cement technic.

Now we come back again to the schematic drawing of a cross section of silicate cement. I didn't explain the large round areas there when I discussed the diagram before. Those areas are air bubbles. Air is entrapped in a cement mix because it is in the powder, that is, in between the powder particles. Now air is compressible. The liquid is almost incompressible. I have here a syringe partly filled with colored water and above the colored water an air space. When I exert pressure on the plunger, it condenses the air space into half. When the pressure is released, the air space returns to normal size. Gentlemen, that is the same thing that occurs when you use a celluloid strip matrix. The cement has air bubbles in it. Force applied on the matrix condenses the air bubbles to half size. If you don't hold the strip tight while the cement is setting, the bubbles are going to come back to normal size and when they do that, they rupture the jelly like material while it is setting. If it is permanently cracked, it will never heal. The thing to do is to keep the celluloid strip on the cement until it is set. The best way to determine the set is to place a small portion of the cement mix on the thumb nail or in the palm of the hand and test it from time to time.

What is the purpose of the wax coating or varnish coating, whichever you may use? Well, cements, before they are hardened, are injured if saliva or water comes in contact with them. I have here a picture of a disk of cement. The disk was formed by being pressed or mixed between two flat glass plates. This half of the disk had a cellophane strip on both sides. This half had none and just before the cement became really hard, the whole disk was submerged in water. After the cement set properly the cellophane on this side of the disk was stripped off under the water. You can notice the appearance of both sides of the disk. This side, prematurely exposed, is chalky and opaque in appearance. You will note from the lines which have been ruled across the disk that the hardness of



this side is much greater than the hardness on the other side. One of the purposes of the varnish coating is to keep water and saliva from coming in contact with the cement until it is properly hardened. The cement continues to harden for a longer period of time, but the hardening is largely over after twenty-four hours. Another purpose of the varnish is to keep water within the cement from evaporating from the fillings. If that is allowed to evaporate, you will have shrinkage and checking of the filling. That is why silicate cement restorations are not satisfactory in mouth breathers.

I have only five minutes left, so I am going to skip some of this material.

How soon should a silicate cement be finished? No sooner than 24 hours. What is the reason for this assertion? We can make a series of specimens, take little cylinders and determine the strength of those cylinders with time and we will find that in 15 minutes the cylinder will have about 10,000 pounds per square inch compressive strength, about a third as much as it will ever have. Some cylinders we have tested for fourteen months and found in some instances the strength still increasing slowly even at the end of that time but most of the reaction which occurred between the powder and the liquid we found to be over at the end of 24 hours. So it is well to defer polishing cement restoration until that reaction has occurred.

We are often asked—do any silicate cements expand? Yes, they will expand if you allow water or any liquid containing water to come on them before they are properly set. Any silicate cement made today will shrink if water is not allowed to come on to it before the proper time. We have here demonstrated what the effect is when water is allowed to come upon a silicate restoration before it is set. You can get expansion but you get it at a terrific cost.

Now we will discuss opacity for a few minutes. One of the chief excuses, we might say, for using silicate cements is that they appear well and the chief reasons they appear well are two—one color and the other opacity. We know the human tooth tissues have certain opacities and when we went to formulate a standard for silicate cement, we had to find the normal opacity of the tooth before prescribing the opacity for a silicate cement. (Demonstration) I have here a chart or a card board in which windows have been cut. Over the windows we pasted glasses of certain opacities and then a black strip was pasted on the back. If I'd hold this up, you'd notice you can see some places where the black strip is very prominent. The most prominence would represent zero opacity because the light is coming right through. Over at your right is the opacity of dentine. It is 70 per cent opaque. That is, if a certain amount of light is thrown onto the glass window, only 30 per cent would come through, 70 per cent is absorbed by the window. The next represents the opacity of enamel, which is 40 per cent. We have set certain standards for opacity based upon studies that we made upon opacity of certain tooth tissues.

Now the program of the Research Commission is designed so that we can take this data we have accumulated at the Bureau of Standards and make it applicable to you men. That is why we publish these lists of materials which are guaranteed to meet the specifications of the American Dental Association. You should select a good material and use it as the manufacturer directs, because those are the instructions we use when we made the tests. The cement has to meet specifications when his directions are used. The manufacturer makes the directions so he will get the best possible

properties out of the cement. Therefore, if we use good cement and use it properly, we have done all that we can do.

To say that I have enjoyed speaking before you would be to treat a fact very lightly.

*President Hale:*

Any questions?

*Dr. Victor E. Bell:*

You said to delay polishing 24 hours. A little sandpaper disk or slip in ten or fifteen minutes—how about that?

*Dr. Paffenbarger:*

Do I understand you correctly—you don't intend to finish the filling?

*Dr. Bell:*

No, just remove the bulk, as long as you don't let the saliva touch the filling. Just remove the surplus.

*Dr. Paffenbarger:*

Dr. Bell has asked a question—is there any advantage in having low excess, that is, having a little more cement in the restoration than is actually necessary to form the natural contour of the tooth. We can never obtain a highly polished surface by using abrasives to silicate cements for this reason—go back to the old diagram again—these powder particles are very hard, but the material that binds the particles together is comparatively soft, so when abrasive is charged across the surface of the cement restoration it flicks out these hard particles and you have an irregular surface. You can not polish a silicate cement like you can a metal and you can never obtain a gloss that the matrix gives. The answer is the best practice is to use a small amount of excess. If you don't have to polish certain places at all, you will have the highest type of finish you can get in restoration.

*Dr. Watkins:*

Can you allow saliva on the filling after fifteen minutes?

*Dr. Paffenbarger:*

Yes, if you use a varnish.

*Dr. Watkins:*

In cases where you have to take it off, you just have to.

*Dr. Paffenbarger:*

The same principle applies, you shouldn't allow saliva to touch the filling for 24 hours.

*President Hale:*

In presenting your questions, please give your names.

*Dr. Stanley:*

Do air conditions offer increased efficiency of the mixture?

*Dr. Paffenbarger:*

Yes, if you control the humidity and temperature, you are controlling two things which do affect the mixture. In our mixes we wanted to control every single thing because we had to get data which were concordant.

*Dr. Shaefer:*

Would you advise silicate cement where you could not use the celluloid strip?

*Dr. Paffenbarger:*

I don't know how to answer that question, Doctor. Do you mean anterior teeth? The technic there is usually to take a modeling compound impression of class five cavities, first fill the cavity with wax and get the original contour you want. Then with modeling compound take the impression, with the celluloid strip in place over the wax. Several manufacturers' directions and various textbooks have technics for those peculiarly difficult places of access.

*Dr. Reese:*

When removing that celluloid strip, do you immediately apply a coat of varnish or cocoa butter?

*Dr. Paffenbarger:*

Some recommend cocoa butter but I don't understand why. Cocoa butter and varnish have more or less the same function. It would seem to me I would prefer, personally, not using cocoa butter, first because of the grease layer the varnish wouldn't adhere as well. If we take cocoa butter and rub over half the finger nail and put varnish on it the varnish adheres best where there is no cocoa butter.

Another question—in the group of silicate cements you mention, have you observed any great variation in strength and durability?

*Dr. Paffenbarger:*

No, Sir, we have not. When we set the specification limit, we set it at about the limit the manufacturers were then producing. Of course the specifications were given to the manufacturers to measure the various properties of cement. We found in our early studies that often there was great variation among the different batches. If one just tested one batch of each cement he might have gotten an entirely different result than he would if different batches were tested. The

Research Commission of the American Dental Association has seen to it that the manufacturer has more uniform production. They are doing it this way. When a manufacturer is certifying to the Commission that his product will comply with the standard, he has to send the Commission at that time data on his own product, that he has had it tested according to the requirements and has had a trained personnel to do the testing, otherwise the Commission has no idea of the uniformity of his output. Then the Commission reserves the right to at any time pick up materials on the market, without notifying the manufacturer, picking them at random for testing, therefore I think you will find the uniformity of production much greater than heretofore. I have in mind one instance when we first started this study. We had solubility of almost 3 per cent on a cement and we had solubility on another cement of only six-tenths of one per cent. That is a lot of difference, five times as much. So we thought it was unusual and repeated the test three times but always got the same result. In preparing the specification we put down all this data and sent it to the manufacturer—no trade names—just simply sent data to the manufacturer and told him it was his cement and asked him what he had to say. They made repeat tests and were only getting one per cent instead of three. Well, as we argued the question and compared notes, we found that he was testing different batches than we were and our figures would agree substantially when the same batches were used. So, when we say one cement is better than another we have to be able to have a program whereby we know whether the cement is uniform or not. These tests are available. The manufacturer knows the solubility, the opacity and other various requirements and you will find cements coming pretty close to each other in all qualities. The manufacturers have standard methods and trained personnel doing research.

*Dr. W. C. Logan:*

Is there a varnish on the market that won't absorb the mixture?

*Dr. Paffenbarger:*

We have had no experimental work to determine what are and what are not the most satisfactory varnishes.

*Member:*

Would there be any advantage to putting vaseline or cocoa butter?

*Dr. Paffenbarger:*

You could put it outside the varnish if you like.

*Dr. John R. Pharr:*

Would there be any advantage to keeping materials in the ice box something similar to keeping powder and liquid cool instead of taking them from room temperature to a cool slab?

*Dr. Paffenbarger:*

In that case, I don't think there is any advantage, Doctor. You have a large piece of glass, say 3 inches by 6 inches and 1 inch thick and when you place two or three drops of liquid on the slab, it would all be the same temperature before you could say "seat." You couldn't hold two or three drops of liquid at a low temperature if you had a warm slab to begin with.

*Dr. Thompson:*

Everything else being equal, will a filling dissolve more in one mouth than another?

*Dr. Paffenbarger:*

Yes, I think it will. We had a group of practitioners—there were almost two hundred throughout the country—who coöperated with the Research Commission in a practical study of these cements. In other words, they took the laboratory data and were applying it clinically. To this group we sent a questionnaire. We asked this specific question—"How long in your practice, do average silicate restorations last?" They said about four years was the average. Some said ten or fifteen and twenty years in certain mouths in certain locations. The men said as a general rule that silicate restorations, in class V cavities where any bleeding or weeping of tissues were present, were very short lived in every instance. If the gum tissue overlapped onto fillings there was a condition of gingivitis. That was the data we received from these men who answered the questions. So, I think there is a difference, just as some people are subject to decay, some people are very susceptible to caries, also there are people for whom silicate cement is very short lived, and vice versa.

*President Hale:*

Any further questions?

Dr. Paffenbarger, we can not adequately thank you for coming to us here but we do want you to know that we are grateful to you for being with us and we look forward to hearing you tomorrow with much pleasure.

Meeting recessed at 4:55 p.m.

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## HOUSE OF DELEGATES

### MONDAY AFTERNOON, MAY 1, 1939

The first meeting of the House of Delegates convened at 5:00 o'clock, Monday, May 1, 1939, the President, Dr. G. Fred Hale, presiding.



## ROLL CALL

## Members Present:

G. Fred Hale, *President*  
 Frank O. Alford, *President-elect*  
 C. M. Parks, *Vice President*  
 Paul Fitzgerald, *Secretary-Treasurer*

*Executive Committee:*

D. L. Pridgen  
 O. L. Presnell

*Ethics Committee:*

W. L. McRae

*First District:*

Charles McCall  
 E. W. Connell  
 S. P. Gay  
 Dennis S. Cook  
 J. F. Ruse

*Second District:*

O. H. Hodgkin  
 C. A. Barkley  
 R. E. Spoon  
 J. P. Bingham

*Third District:*

W. R. McKaughan  
 E. M. Medlin

*Fourth District:*

C. W. Sanders  
 J. W. Whitehead  
 E. B. Howle

*Fifth District:*

H. E. Nixon  
 J. N. Johnson  
 Fred Hunt  
 A. T. Jennette

*President Hale:*

I declare a quorum present and the House of Delegates is open and ready for any business to be transacted.

*Dr. A. T. Jennette (Washington):*

Mr. President, it has occurred to me that we have been putting lots of burden on our delegates to the American Dental Association. I think it would be good for the Society to pay the expenses of the delegates to the American Association at least the payment of railroad fare and possibly the hotel bills. I say this because a delegate to the American Association a great many times goes to the meeting, attends all the meetings of the House of the Association and leaves there without having the privilege of attending any of the clinics that are given at the meeting. It seems you require of these men their time, certainly their money, and I think that we ought to at least reimburse them for these expenses. There is an Association of State officials conference which the State Secretary and Treasurer should attend but you couldn't expect him to attend these meetings at his own expense. I think we should incorporate in the payment of expenses the expenses of the State Secretary and Treasurer when he attends the meetings of the State Conferences of Officials of State organizations. I believe Dr. Alford attended one. He said he really got something out of it, and if he did he gave it to the Society. He paid his own expenses and the delegates pay their own expenses. There are a great many men who are delegates who are able to attend these meetings and there are a great many men who are certainly capable of representing the Society but they are not able. I believe the State Society is able and does in the course of a year have enough surplus in the budget to pay these expenses. I would

therefore make a motion that we do pay the expenses of our delegates—those expenses to include railroad fare and hotel bills—to the American meeting. Also the State Secretary and Treasurer's expenses—railroad and hotel bills—to the Conference of State Officials, which is held once a year, I believe. I make that in the form of a motion.

*President Hale:*

You have heard the motion. Is there a second?

*Dr. R. F. Hunt:*

I understand that a number of our best men have been giving their time to this work, and it is true that if they do go and represent us they do not have sufficient time to really take in the clinics and the other things on the program. I would like to second Dr. Jennette's motion that we go down the line and pay these expenses so long as—if he will accept this amendment—as the State Society or officers of the State Society feel that we are able to do so. I understand that at this time we are in good financial condition, and I see no reason why we should not stay that way. I think some provision should be made and we want to change it and say part of the expenses—if he will accept that amendment, I would like to second the motion.

*Secretary Fitzgerald:*

*Gentlemen, Members of the House of Delegates:* Some time ago Dr. Jennette told me that this matter would come up before the House of Delegates, and knowing Dr. Daniel F. Lynch, Secretary of the Bureau of Standards, had made a survey during the past year on this particular subject, I thought it would throw some enlightenment if we heard the result of this survey. This is the letter he wrote me:

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## DISTRICT OF COLUMBIA DENTAL SOCIETY

COMPONENT OF THE AMERICAN DENTAL ASSOCIATION

WASHINGTON, D. C.

Executive Offices—Room 257, Mayflower Hotel

April 27, 1939.

Dr. Paul Fitzgerald, Secretary,  
North Carolina Dental Society,  
Greenville, N. C.

*Dear Dr. Fitzgerald:*

My survey regarding how the different State Societies handle the expenses of their delegates will be published in the *Journal* of the American Dental Association in the near future.

Inasmuch as your Society will take this matter up next week, I can tell you at this time that our survey shows the following to be true:

1. Number of states which pay all the expenses of the Delegates.....	3
2. Number of states which pay part of the expenses of the Delegates.....	15
3. Number of states which do not pay any part of the expenses of the Delegates .....	32

The above information is the condensed findings of my survey, and I might say that the three states that pay all of the Delegates' expenses are small states and have small representation. They are Delaware, New Hampshire, and Arkansas.

Most all State Secretaries feel that some plan ought to be worked out in which the Delegates could be compensated for their work, but none seemed to have the satisfactory answer. I am now working on this particular problem, and will shortly offer a working plan that I feel certain will be beneficial. A Delegate who goes to the national meeting should be made to attend all the sessions, and if he works he should be compensated. On the other hand, if a delegate goes and does not attend the sessions, he should not be compensated in any way whatsoever. Until some suitable plan of control can be worked out, I think it would be well to hold in abeyance any remuneration to the Delegates. One of the purposes of my survey has been to try to clarify the situation and to help the Delegates, the Societies, and the American Dental Association.

It is unfair to expect Delegates to attend conventions at their own expense, and it is equally unfair to waste Societies' money for furnishing certain men political joy-rides. I am convinced that both injustices can be controlled and that a more business-like arrangement can be achieved.

It is possible that I may be in Raleigh, on Monday with Dr. Mead and Dr. Paffenbarger, and if I am, I will bring all of my data with me, and I shall be glad to consult with you on it. I cannot be sure of this until Sunday, as we are extremely busy and I will not leave town unless I can be free of office responsibility.

Sincerely yours,  
DANIEL LYNCH,  
*Secretary-Treasurer.*

*Dr. Fitzgerald:*

In this connection I will say that Dr. Lynch proposes if a Delegate attended all the meetings—the American Dental Association in its Proceedings publishes it and whether or not the Delegates do attend all the meetings of the House of Delegates—and I have thought possibly, after talking the matter over, if we could pay a certain part of the Delegates' expenses to the meetings, possibly it might lighten the burden on the Delegates some. At times we meet as far away as San Francisco. It is quite a burden to take time out of offices to go to California for a meeting and pay the expenses to California and return and not see any of the meetings or hear any of the lectures of the convention. Would you think it a plausible way to work it out—for the President of the Society to appoint a committee to work it out, and that the Society accept the findings of this committee? Thank you.

*President Hale:*

Any further discussion on this subject?

*Dr. Johnson:*

Was this a resolution that he made or a suggestion or motion that the President appoint a committee?

*Dr. Jennette:*

In answer to Dr. Fitzgerald's information from Dr. Lynch, I wish to say that I have, and I believe every man in the Society has a great deal of faith in every member of the Society, and we do not expect any Delegate to cheat on us, if you want to make it that way. I believe any man in the Society appointed as a Delegate would attend to his business and attend every meeting that he is supposed to and represent the State of North Carolina as it should be represented. If I didn't feel that way I wouldn't want the Society to put up the money for the expenses. I will accept Dr. Hunt's change in the motion and I wouldn't have made the motion if I hadn't felt like the Society could afford to do it. Certainly, if the Society can't pay those expenses, we wouldn't expect them to go broke to do it. I will accept the change in the motion.

*President Hale:*

How about the suggestion offered here by Dr. Fitzgerald to appoint a committee? Would that be satisfactory to you? And report back to the House again?

*Dr. Johnson:*

I will put that in the form of a motion?

*Dr. Jennette:*

I will withdraw my motion.

Vote taken and carried that a committee be appointed to study the situation and report back.

*President Hale:*

I shall appoint Drs. J. N. Johnson, Eugene Howle, A. T. Jennette, Billy Bell, and C. S. Sanders on that committee, and ask them to report back at the meeting of the House of Delegates tomorrow afternoon.

Any committee reports?

*Dr. Frank O. Alford:*

*Mr. President:* I have the report of the Red Cross Disaster Relief Committee.

#### REPORT OF RED CROSS DISASTER RELIEF COMMITTEE

In December of last year, President Hale appointed me to organize a Disaster Relief Committee to coöperate with the Disaster Relief Committee of the American Dental Association, which is working with the American Red Cross. The members to work with me on this committee were left to my

choice, and I appointed the five District Societies' Secretaries to help with this work.

Through their efforts, the committee has appointed a member of the North Carolina Dental Society to work with each of the 120 Local Red Cross chapters in the state. There are in the First District: 29 chapters; Second District: 14 chapters; Third District: 20 chapters; Fourth District: 15 chapters; and Fifth District: 42 chapters.

Disasters are caused by floods, hurricanes, tornados, earthquakes, fires, explosions, etc. Epidemics, sometimes, present disaster aspects.

In time of disaster, dental services are required for:

1. Emergency dental care in large refugee centers.
2. Replacement or repair of plates and other artificial dental structures that have been lost or damaged in disaster.
3. Surgical treatment of fractured jaws and other injuries of the mouth.
4. Survey of dental conditions of refugees.

Dr. C. Willard Camalier is Chairman of the Disaster Relief Committee of the American Dental Association. A list of the members appointed to local disaster preparedness committees has been furnished him. Any further information on this work can be obtained through his office.

Respectfully submitted

FRANK O. ALFORD, *Chairman*,  
WILLIAM M. MATHESON,  
CARL A. BARKLEY,  
A. W. CRAVER,  
J. W. WHITEHEAD,  
H. E. NIXON.

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## THE AMERICAN RED CROSS

NATIONAL HEADQUARTERS

WASHINGTON, D. C.

May 31, 1938.

Dr. C. Willard Camalier,  
President, American Dental Association,  
1726 Eye Street. N. W.,  
Washington, D. C.

*My dear Dr. Camalier:*

Our discussions of dental service in time of disaster have shown the splendid opportunity for coöperation between the American Red Cross and the dental profession. The written understanding on this subject approved by your organization has the approval of the American Red Cross.

In this understanding the American Red Cross is recognized as the responsible agency for relief of families in time of disaster. Its service is organized locally through its Chapter committees on Disaster Preparedness and Relief. Participation of the dental profession is best secured through representation on these Chapter committees.

In time of disaster dental services are required for:

1. Emergency dental care in large refugee centers.
2. Replacement or repair of plates and other artificial dental structures that have been lost or damaged in disaster.



3. Surgical treatment of fractured jaws and other injuries of the mouth.
4. Survey of dental conditions of refugees.

We very much appreciate the splendid coöperation of the dental profession and the sympathetic discussions of this whole matter carried on by you and the officers of the American Dental Association. Our chapters are being advised of this understanding and of the letter you are writing to state and regional dental societies suggesting that the services of the profession be offered to our local chapters.

Very sincerely yours,

JAMES L. FIESER,  
*Vice Chairman.*

## DISASTER RELIEF COMMITTEE REPORT

### AMERICAN DENTAL ASSOCIATION

The primary purpose of this report is to develop a plan whereby the American Dental Association and its component states and district societies can coöperate with and coördinate their efforts with that of the American Red Cross in preparing for and handling disasters. There is so much suffering in these catastrophes and so much to do that it behooves the organized dental profession as well as other agencies to indicate their desire to help in the relief work. With that in mind your Disaster Committee presents the following report and recommends its adoption.

### DISASTER PROBLEMS

Disasters are caused by floods, hurricanes, tornadoes, earthquakes, fires, explosions, and other cataclysms. Epidemics, sometimes, present disaster aspects.

The immediate needs in nearly every disaster, aside from rescue work, are food, shelter, clothing, medical, dental, nursing and hospital care, and safeguarding the health of the people in the disaster area. These are emergency problems. Rebuilding the homes and other rehabilitation problems are matters for later consideration; but the necessities with which to sustain life and health must be provided immediately and be continued until the critical period has passed. For practical purposes, therefore, disaster relief work is generally divided into an emergency and a rehabilitation period.

The emergency period may last only a few days, or continue for several weeks. Refugee quarters as a general rule are necessary in large disasters. They must be hurriedly set up in buildings or tents. Food must be provided through community kitchens or canteen service. Medical and dental care must be provided for those who are ill or injured and measures instituted for the protection of the health of the entire population of the affected area. The latter are not always limited to the emergency period, but may have to be continued indefinitely until all patients have fully recovered and the area is entirely rehabilitated.

### DIVISION OF RESPONSIBILITY

The American Red Cross, through its National and Branch Offices, and through its local chapters, is organized to meet the emergency relief needs in all disasters. It is also prepared to assume the responsibility of rehabilitating individuals and families who because of lack of resources find it impos-

sible or difficult to rehabilitate themselves. That includes medical and dental service as well as economic rehabilitation.

Red Cross assistance is based on need as determined by a careful case investigation. It does not assist those who even though their loss is great are amply able to provide for their own needs. Neither can it assume responsibility for taking care of all the existing ills in the community that have no relation to the disaster. The latter should be cared for through the regular service channels and not through the Red Cross.

The supervision of the public health of a disaster area is the primary responsibility of the state and local health departments. The Red Cross is, however, willing to assist them if such assistance is needed because of lack of funds or personnel to adequately cope with the situation.

Similarly the care of the sick and injured and providing dental services are the primary responsibilities of the medical and dental profession. In most of the disasters the local physicians and dentists are entirely able to handle the situation without the assistance of outside personnel. If, however, they are not able to do so, in major disasters, the Red Cross is ready to help them by providing additional personnel and supplies, by assisting or expanding hospitals and by organizing such facilities as are lacking and needed for the emergency. Major injuries that require special surgical treatment and skill not available in the affected community are referred to specially qualified medical or dental surgeons of larger neighboring cities.

#### DENTAL SERVICES IN DISASTERS

Dental services in disasters are required for the following:

(1) Emergency dental care in large refugee centers:

It is sometimes necessary to set up a dental chair, together with other equipment and facilities for extracting abscessed or badly decayed teeth, to give local treatments for the relief of pain and other emergency dental treatments. If there are only a few that need such treatments they are usually referred by appointment to local dentists' offices, provided these offices are intact after the disasters. If there are a large number of such cases this work may be done to good advantage by setting up special equipment at camp. The service can then be provided either on a volunteer basis by local dentists working on an hourly schedule or by one or more dentists employed by the Red Cross on a part- or full-time basis. Second-hand chairs and equipment can usually be borrowed or purchased locally, or obtained quickly from a neighboring supply depot.

(2) Replacement or repair of plates and other artificial dental structures that have been lost or damaged in the disaster: This service is usually required only for a comparatively few persons and can be provided to best advantage in the offices of the local dentists. Even if their offices are involved in the disasters and temporarily closed it is better policy, we believe, to delay this work until their offices are reopened rather than to provide temporary equipment at the refugee centers. Replacing plates and lost dental structures are usually not emergency needs.

(3) Surgical treatment of fractured jaws and other injuries of the mouth: This type of work can best be done in hospitals or in the dentist's office. Needless to say that this cannot be done successfully through emergency facilities at refugee centers.

(4) A survey of dental conditions of refugees: Large concentration centers offer an excellent opportunity for a survey of dental conditions and needs of refugees. To our knowledge such a study has never been made. It would no doubt reveal many interesting facts as to the extent of dental caries among refugees and may uncover certain conditions that are a menace to the camp

population—Vincent's Infection (Trench Mouth) for example. The defects should be recorded on record cards and each person informed as to his dental needs.

#### METHODS OF COOPERATION

(1) Membership in the local disaster preparedness committee: The American Red Cross urges all of its chapters throughout the country to organize in advance so they will be prepared when a disaster strikes. Special committees are appointed for each activity such as providing emergency shelter, food, clothing, and medical care. One or more dentists should be added to the medical care committee to prepare and plan for dental needs in a disaster. These duties include:

- (a) Outlining the dental activities in disasters as previously indicated.
- (b) Listing the type of equipment and supplies needed.
- (c) Making inquiry as to the sources through which the equipment and supplies can be obtained quickly and recording this information for future reference. They should list all local and district dental supply depots and other possible sources.

Based on many years of experience in disaster relief work the Red Cross has adopted a policy not to carry disaster equipment and supplies in stock, but rather to purchase them locally as needed. The cost of storage and transportation, the delay in shipping them to the scene of the disaster, the possibility of these supplies becoming obsolete and other reasons are responsible for this policy. They can usually be obtained locally more quickly that way and, in the long run, at less cost.

- (d) Discussing the proposed plans with the local dental profession and organizing the personnel for the type of dental service they are best qualified to perform in disasters.

(2) Work out the proposed program for dental service, after a disaster strikes, with the Red Cross. As soon as possible after a disaster occurs the dental committee or dental representative on the medical committee should confer with the director of Red Cross disaster relief to plan and arrange for the dental program. It is important that this work is closely coordinated with Red Cross activities. The type of dental service necessary will depend entirely on the nature and extent of the disaster and whether concentration centers are set up to house refugees.

When the program has been agreed upon, the dentists should assist the Red Cross in organizing the work. They can help in obtaining equipment, supplies and quarters in which to set up the dental unit; arranging for dental service of refugee centers; selecting dentists or dental surgeons best qualified for the type of work needed and in supervising and directing the dental program.

If a large number of refugees are housed in concentration centers it is suggested that local dentists organize to make a survey of mouth conditions of refugees. The Red Cross is willing to cooperate in making such a survey. This should not be done haphazardly but the work could be carefully planned and organized so that the results will give a true picture of dental conditions and needs. There must be uniformity in procedure by all dentists participating in the examinations. The dental record card must be simple and complete, and all defects carefully recorded. Such a survey would be very enlightening and should stimulate dental corrective work and interest in oral hygiene.

(3) For disaster patients unable to pay, dentists should be prepared to give their services voluntarily but with materials paid for from the Red Cross relief fund.

## NATIONAL AND STATE SOCIETY EFFORTS

The American Dental Association, through its component state societies, will in so far as practicable contact local dental societies in areas where disasters occur, to inquire if the dentists are included on the local disaster preparedness committee. If they are not so included they will be encouraged to immediately contact the Red Cross relief headquarters and to offer their assistance in organizing a dental program as previously outlined. If no formal program is indicated, local societies will be requested to assist the Red Cross in suggesting names of dentists and dental surgeons who may be called on for dental work for disaster patients.

*President Hale:*

You have heard the report of the Red Cross Disaster Relief Committee.

*Dr. Johnson:*

I move that the report be accepted.

Motion seconded. Vote taken and carried.

*President Hale:*

Dr. J. N. Johnson is recognized.

*Dr. J. N. Johnson:*

This is the report of the Dental member of the North Carolina State Board of Health.

REPORT OF DENTAL MEMBER OF NORTH CAROLINA  
STATE BOARD OF HEALTH

There has been no change in the administrative policy of the Division of Oral Hygiene since the 1938 report.

The records of the Director, Dr. E. A. Branch, of the Division of Oral Hygiene show that last year, sixty-three counties and four cities wanted Mouth Health Programs but that we were able to get to only sixty-one counties and four cities. This year sixty-nine counties and four cities wanted Mouth Health Programs but we were able to work for only sixty-three counties and four cities. The Director, Dr. E. A. Branch, has greatly increased his educational propaganda in the completion of the Bibliography of Health Materials which has been worked out in conjunction with the Department of Education of the University of North Carolina, and is being made available, without cost, to the teachers. We have had thirty dentists working this year.

J. N. JOHNSON.

*President Hale:*

Thank you, Dr. Johnson. What is the wish of the Society?

Motion made and seconded to accept the report.

Vote taken and carried.

*President Hale:*

Any other committee reports?



*Dr. Wilbert Jackson:*

I'd like to file the report of the Board of Dental Examiners. If you prefer, I'll be pleased to file it and not read it. It will be published in the Proceedings.

Motion made and seconded, vote taken and carried that report be filed.

*To His Excellency,*

CLYDE R. HOEY,  
*Governor of North Carolina,*  
Raleigh, N. C.

Sir:

In accordance with the provisions of the Dental Law, I beg leave to hand you herewith a report of the proceedings of the North Carolina State Board of Dental Examiners for the calendar year 1938.

A special meeting was held at the Robert E. Lee Hotel, Winston-Salem, Sunday, May 1, 1938. The application of Dr. Luther C. Rollins for renewal license to resume the practice of dentistry in this state received a favorable report. It was ordered that said renewal license be issued to him.

A special meeting of the North Carolina State Board of Dental Examiners was held at the Robert E. Lee Hotel, Winston-Salem, Monday, May 2, at 6 p.m.

Dr. Frank Schuster of New York City, who had made application for license to resume practice in North Carolina, was ordered to present himself at the annual meeting beginning June 27 for practical examination before license could be issued to him to resume the practice of dentistry.

On June 27, 28, 29, and 30, the annual meeting was held in Raleigh for the purpose of examining applicants for licenses to practice dentistry in this state. Thirty-seven applicants were allowed to take the examinations which were held in the Capitol Building; the practical work being given at the Carolina Hotel.

At this meeting Dr. W. F. Bell of Asheville was elected President to succeed Dr. John L. Ashby of Mount Airy. Dr. Wilbert Jackson was re-elected Secretary-Treasurer.

At the annual meeting of the North Carolina Dental Society held at Winston-Salem, Tuesday, May 3, 1938, Dr. Paul E. Jones of Farmville was elected to succeed Dr. Clyde E. Minges of Rocky Mount, and Dr. C. A. Graham of Ramseur was elected to succeed Dr. H. C. Carr of Durham as members of the State Board of Dental Examiners.

A special meeting was held at the Carolina Hotel Monday afternoon, June 27, at 5:30, for the purpose of affording Dr. E. H. Chamberlain of North Kanapolis an opportunity to appear before the Board. Dr. Chamberlain had requested this meeting for the purpose of making a statement to the Board in support of his application for license to resume the practice of dentistry in North Carolina. His license had been denied by the Board on account of his criminal record in the State of Texas; he having served three to five years in the State Penitentiary of Texas for larceny, and from two to three years in the Federal prison at Fort Leavenworth for violation of the Narcotic Law. These charges were supported by certified copies of the judgments of the courts that sentenced him to prison; also, because of his criminal record in North Carolina before retiring from the state. Evidence of which is filed in the office of the Secretary of the State Board of Dental Examiners.



A special meeting of the North Carolina State Board of Dental Examiners was held in Greensboro, July 10, at the King Cotton Hotel for the purpose of tabulating grades of applicants for dental licenses. The tabulation revealed that the following having made an average of 80 or more had passed a successful examination and were thereupon issued licenses:

Allen, S. V.....	Wilmington, N. C.
Baker, E. DeWees.....	Plainfield, N. J.
Baker, S. C.....	Greenwood, S. C.
Baughan, H. A.....	Richmond, Va.
Bayton, E. L., Jr.....	Portsmouth, Va.
Brandon, P. M.....	St. Paul, Minn.
Butler, J. P.....	Portsmouth, Va.
Coleman, G. J.....	Daytona Beach, Fla.
Coleman, H. E., Jr.....	Wise, N. C.
Daniel, R. A., Jr.....	Pleasant Hill, N. C.
Evans, S. B.....	Abbeville, S. C.
Fowler, Watson.....	Cincinnati, Ohio
Freedland, J. B.....	Wilmington, N. C.
Goe, R. T.....	Baltimore, Md.
Hedman, L. C.....	Wilmington, N. C.
Hendrix, G. L.....	Lexington, S. C.
Holshouser, L. C.....	Rockwell, N. C.
Hutchins, W. B.....	Kingsport, Tenn.
Jones, C. N.....	Morehead City, N. C.
Kirkland, G. F., Jr.....	Durham, N. C.
McGuire, Noracella E.....	Sylva, N. C.
McMillin, C. V.....	Landrum, S. C.
Paschal, L. H.....	Glendon, N. C.
Ramsey, A. M.....	Marshall, N. C.
Raymer, J. L.....	Davidson, N. C.
Russell, L. T., Jr.....	Canton, N. C.
Smith, C. I.....	Fayetteville, N. C.
Steinman, R. R.....	Asheville, N. C.
Truluck, M. H.....	Asheville, N. C.
Woody, J. L.....	Green Mountain, N. C.

The following failed:

Anderson, J. G., Jr.....	West Asheville, N. C.
Caldwell, C. S.....	Concord, N. C.
Ford, J. H.....	Bradford, Tenn.
Moore, G. R.....	Chicago, Ill.
Rose, H. H.....	Highland Falls, N. Y.
Schuster, Frank.....	Brooklyn, N. Y.
Snipes, W. E., Jr.....	Franklin, Va.
Truett, F. A., Jr.....	Lancaster, S. C.

The Board voted unanimously not to grant reciprocity nor issue a permit to practice dentistry to Dr. A. Georgion of Baltimore, Maryland.

At a special meeting of the State Board of Dental Examiners of North Carolina held October 24, 1938, for the purpose of passing upon the application of Dr. Ralph C. Flowers of Hickory, N. C., to resume the practice of dentistry in this state. Dr. Flowers made application for license to resume the practice of dentistry on September 9, 1938, after having been paroled from the state penitentiary, where he was serving a term of seven to ten years for conspiracy and robbery with firearms.

At the request of Dr. Flowers, the Board voted to give him an opportunity to appear in person, either with or without counsel, before the Board in Raleigh on November 7, to offer any evidence in support of his application for license to resume practice. On October 31 Dr. Ralph C. Flowers, at the suggestion of the Parole Commissioner, Mr. Edward C. Gill, withdrew his application for license.

On February 2, 1938, Eugene Lovelace was indicted for practicing dentistry without license. He was brought into court in High Point. The prosecuting witness refused to testify. A nol pros, with leave, was taken.

Hugh Thomas of Durham and Winston-Salem was charged with practicing dentistry without license. Hearing of the charges, he came before the Board, voluntarily surrendered his equipment and agreed not to practice dentistry in any way in North Carolina in the future.

Wrenn Burleson was indicted in the Cumberland County Court, December 5, 1938. He was tried in Cumberland County December 20, 1938, was convicted for practicing dentistry without license, found guilty as charged, fined \$50 and cost. Convicted of practicing dentistry without license, second offense, taxed with the cost, sentenced to not less than 20 months nor more than 24 months in the county jail, to be assigned to work the roads, noted appeal to Superior Court; but later withdrew his appeal, and went to the roads under the judgment announced at the time of the trial.

Attached hereto is the financial statement as of January 1, 1938, to December 31, 1938.

Respectfully yours,

WILBERT JACKSON, *Secretary-Treasurer*,  
North Carolina State Board of Dental  
Examiners.

## REPORT ON AUDIT

OF

### CASH RECEIPTS AND DISBURSEMENTS

From January 1, 1938, to December 31, 1938

#### BOARD MEMBERS

Dr. W. F. Bell.....*President*  
Dr. Wilbert Jackson.....*Secretary-Treasurer*

Dr. J. L. Ashby  
Dr. P. E. Jones

Dr. C. A. Graham  
Dr. C. C. Poindexter

DR. WILBERT JACKSON, *Secretary-Treasurer*,  
North Carolina State Board of Dental Examiners,  
Clinton, North Carolina.

Dear Sir:

We have made an audit of the Cash Receipts and Disbursements of the

NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS

From January 1, 1938, to December 31, 1938

and submit herewith a report.

We traced all recorded cash receipts to their deposit in the bank, and examined the checks covering disbursements which we found to be properly signed and cancelled.

Respectfully submitted,

R. C. CARTER & Co.,  
Raleigh, N. C.

*Certified Public Accountants.*

January 11, 1939.

# CASH RECEIPTS AND DISBURSEMENTS

January 1, 1938, to December 31, 1938

## EXHIBIT "A"

### BALANCE JANUARY 1, 1938:

First Citizens Bank & Trust Co., Clinton, N. C.....	\$1,382.62	
Commercial National Bank, Raleigh, N. C. (Closed).....	128.16	\$1,510.78

### RECEIPTS:

1939 Licenses, 854 @ \$2.00.....	\$1,708.00	
Examinations, 37 @ \$20.00.....	740.00	
Licenses to Resume Practice 3 @ \$10.00.....	30.00	
Penalty for failure to renew license 1 @ \$20.00.....	20.00	
Lists of Registrations 2 @ \$5.00.....	10.00	
Refund of Expenses.....	3.00	2,511.00

TOTAL RECEIPTS AND BALANCE.....		\$4,021.78
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### DISBURSEMENTS:

Board members Per Diem & Expenses (Schedule 1).....	\$2,274.10	
Board Meeting and Examination Expenses:		
Carolina Hotel .....	\$163.57	
King Cotton Hotel.....	15.95	
Dr. Wilbert Jackson—Board's Expenses,		
Winston-Salem .....	10.27	
Examination Supplies .....	86.70	
Advertising .....	30.40	
Storage & Moving Equipment.....	28.40	
James Hinton .....	10.00	
Buttons .....	9.31	
Commissions .....	5.00	
Dan Terry .....	5.00	364.60

### Salaries:

Secretary-Treasurer .....	\$150.00	
Assistant Secretary-Treasurer.....	50.00	200.00

Office Supplies, Expenses & Equipment.....	189.40
Long Distance Telephone, Telegraph & Incidentals.....	91.58
Postage .....	88.00
Attorney's Fees .....	82.50
Typing, Proofreading and Certifying Flowers Case.....	55.26
National Association of Dental Examiners.....	45.00
Stationery, Printing and Court Clerk's Fees.....	44.05
Auditing .....	25.00
Examination Fee Refunded.....	10.00
Registration of Licenses.....	6.30

Insurance .....	\$ 6.30	
1937 Bad Check .....	2.00	
		<hr/>
TOTAL DISBURSEMENTS .....		\$3,484.09
First Citizens Bank & Trust Co., Clinton, N. C., .....	\$409.53	
Commercial National Bank, Raleigh, N. C., Closed .....	128.16	
		<hr/>
BALANCE ON HAND DECEMBER 31, 1938 .....		\$ 537.69

## BOARD MEMBERS PER DIEM AND EXPENSES

January 1, 1938, to December 31, 1938

## SCHEDULE 1

Dr. D. E. Connell—1933 .....	\$ 30.00	
Mrs. S. B. Bivins for Dr. S. B. Bivins—1933 .....	30.00	
Dr. J. A. McClung—1933-1934 .....		80.00
Dr. W. F. Bell—1933 1934 .....	\$ 80.00	
Dr. W. F. Bell—1935-1936 .....	180.00	
Dr. W. F. Bell .....	121.70	381.70
		<hr/>
Dr. R. F. Jarrett—1933-1934 .....	\$ 80.00	
Dr. R. F. Jarrett—1935-1936 .....	150.00	230.00
		<hr/>
Dr. H. C. Carr—1933-1934 .....	\$ 80.00	
Dr. H. C. Carr—1935-1936 .....	180.00	
Dr. H. C. Carr .....	90.00	350.00
		<hr/>
Dr. E. B. Howle—1933-1934 .....	\$ 80.00	
Dr. E. B. Howle—1935-1936 .....	180.00	260.00
		<hr/>
Dr. C. E. Minges—1933-1934 .....	\$ 80.00	
Dr. C. E. Minges—1935-1936 .....	180.00	
Dr. C. E. Minges .....	102.20	362.20
		<hr/>
Dr. C. C. Poindexter—1935-1936 .....	\$180.00	
Dr. C. C. Poindexter—Chamberlain Case .....	10.55	
Dr. C. C. Poindexter .....	91.75	282.30
		<hr/>
Dr. C. B. Holder—Chamberlain Case .....		2.50
Dr. J. L. Ashby .....		104.65
Dr. Wilbert Jackson—Chamberlain Case .....	\$ 28.55	
Dr. Wilbert Jackson—Burleson Case .....	30.20	
Dr. Wilbert Jackson .....	102.00	160.75
		<hr/>
TOTAL .....		\$2,274.10

RECONCILIATION WITH FIRST CITIZENS BANK & TRUST CO.,  
CLINTON, N. C., DECEMBER 31, 1938

## SCHEDULE 2

BALANCE PER BOOKS .....		\$409.53
Plus:		
Checks Outstanding:		
No. 424 .....	\$ 10.00	
No. 459 .....	180.00	190.00
		<hr/>
BALANCE PER BANK DECEMBER 31, 1938 .....		\$599.53



*President Hale:*

Any other committee reports?

*Dr. J. R. Pharr:*

I have the report of the Insurance Committee.

#### REPORT OF THE INSURANCE COMMITTEE

We believe the attention of every dentist should be called to the fact that he runs the risk of a malpractice damage suit when he attends each and every patient, in other words he never knows what will eventually develop. Some dentists might feel that they have never been involved in a malpractice case and probably have never heard of a case involving any dentist in their community, but, of course, no one can tell who will be next.

We feel that every member should have an adequate amount of protection because the court records show that in some cases in the past exceedingly large amounts have been awarded as damages and because we have this Group Plan of coverage any dentist can be fully protected at a very low cost.

As we all know that an ounce of protection is worth a pound of cure.

The dental profession must assume a definite responsibility towards minimizing and discouraging malpractice claims and suits. If each individual dentist will do his best to guard against avoidable errors and mistakes; use reasonable caution, skill and diligence, keep himself abreast of dental progress, avoid making derogatory comments about treatment rendered by some other dentist and conducts his practice in an honest and conscientious manner, it will help to preserve the reputation and high-standing of the dental profession in any community.

Respectfully submitted,

DR. A. S. CROMARTIE,

DR. W. S. MUSTIAN,

DR. D. B. MIZELL,

DR. D. E. McCONNELL,

DR. J. R. PHARR, *Chairman.*

*President Hale:*

Gentlemen, you have heard the report of the Insurance Committee. What is your pleasure?

Motion made and seconded, vote taken and carried that the report be accepted.

*President Hale:*

Any other reports?

Any other business to come before the House of Delegates?

A motion for adjournment is in order.

Motion made and seconded that meeting adjourn.

Adjournment at 5:45 p.m.

## MONDAY EVENING SESSION

The Monday evening session of the North Carolina Dental Association was called to order at 8:00 o'clock by the President, Dr. G. Fred Hale.

*President Hale:*

The Monday evening session of the North Carolina Dental Association will come to order. The Chair recognizes Dr. Conrad Watkins.

*Dr. Watkins:*

When asked some time ago to introduce our speaker of the evening I realized then that it would be my pleasure to present to you one of our most active and outstanding dentists — one who has given his time unstintingly in the development of our profession.

The growth of many of the societies and organizations of our profession has been stimulated in no small degree by the activities of our speaker tonight.

Gentlemen, I am happy to have at this time the privilege of presenting to you Dr. William Bailey Dunning, D.D.S., F.A.C.D., of New York City.

*Dr. Dunning:*

*Mr. President, Members of the North Carolina Dental Society, Dr. Watkins in particular, and Ladies and Gentlemen:* I am quite overpowered by such an introduction and I can't help thinking that he has got hold of the wrong man somewhere.

## THE MANAGEMENT OF A DENTAL PRACTICE

Our topic for discussion this evening is as old as dental practice itself—yet as new as the latest idea in the successful treatment of our patients. I use the adjective "successful," because we are not here concerned with experimental hypotheses, but only with such procedures as are known through long experience to be efficient and dependable.

An orderly approach to so broad a subject, to be considered within the space of one hour, will be under three major headings—1, the scientific; 2, the professional; and 3, the economic aspects of dental practice.

1. The basic educational requirements today for the dental student are substantially the same as those for the straight medical curriculum, during the Freshman and Sophomore years. His pre-dental requirements are nearly the same. The young man today is drawn from the same social stratum. He must be a man of broad academic attainments, distinctly inclined to the scientific pathway of life. During his Junior and Senior years the special technology of dentistry enters and occupies much of his working hours. The curriculum is a crowded one, but at best insufficient to establish the young practitioner in clinical knowledge and technical skill. To be sure, his academic and professional college years have been many; still in most cases the recent graduate, while grounded in theory, does not and cannot possess

the practical ability needed to handle the cases which come to him. His first concern, therefore, is further training in digital skill and the numerous technical details of daily practice.

It is distinctly unfortunate for a young man to become busy in practice before he is a good operator. Let him consider his early idle time the needed opportunity for further training. Careful painstaking work for a few appreciative patients will do much to consolidate his skill and practical ability. A local Study Club, an internship, if available, hospital dentistry, clinics and part-time teaching will be found excellent ways for gaining experience.

The physical set-up of his office is important. It should be in a good building, well located as to the convenience of his patients, well-lighted, meticulously clean, attractive and restful in appearance. As he becomes established, this office becomes an organic unit. His Secretary receives calls, makes appointments, keeps his books, writes his letters, runs the business of the office, and last, but by no means least, makes up his income tax return! She must be a courteous, attractive, tactful, competent person. The position should be made worth-while as a permanency. Experience and long-range knowledge of a given office and practice, on her part, are invaluable assets.

The Dental Assistant gives the practitioner another pair of hands and eyes—and in a busy practice, her aid, always at hand, is of immense help. This young woman should be trained in the technical knowledge necessary; her ideals of asepsis, the care of instruments, the handling of patients—often on intimate matters with women—should receive constant thought and training. If there is a local branch of her professional organization nearby, she will do well to join and do everything in her power to advance her abilities.

The Hygienist is an important adjunct in a busy practice. Her work should be well supervised and confined to definite limits—when the standard of mouth cleanliness in a given practice may be maintained at a higher level, than without her help. But every dentist, in my belief, should be a competent periodontist, and at regular intervals he should see a given patient and scale and polish the root surfaces himself. This is the only practical way to keep informed as to that patient's gingival condition.

The Technician fills an important place in the office personnel, especially in large cities. A man with a large practice cannot attend to his own prosthetic work—unless he is a crank of iron constitution who can put it many evening hours on top of a day's work. Further, laboratory work unfits him, more or less, for work at the chair; his hands become rough and he loses his delicacy of touch—which, be it said in passing, is one of his most needed habits of skill.

Returning for a moment to the time of graduation, there are several ways in which the young man may make a start. In a small town, he can better afford to rent an office, furnish it himself and begin as his own master. In a large city, probably some form of association with an older man of assured position will offer advantages, notably in relief from rental and in the convenience of daily consultation.

2. Under this heading we have to consider the personality and ideals of the dental practitioner. Why does one man succeed in building up his practice and another fail? There may be many answers, but chiefly the result depends on the man's attitude towards his patients. If he makes it *the habit of a lifetime* to consider first the patient's welfare in the long run, while remuneration for services rendered is of secondary consideration, there is every likelihood that such a man will soon be fully occupied, and will in nowise lack for a living. If, however, "salesmanship" be the dominant

motive — if the business side of dentistry be uppermost — with brilliant abilities he may succeed, but he will never fill the place of trust occupied by the first man. "Salesmanship" is a word which has degraded our profession: it has no place in the life of a truly professional man.

The intimate and confidential relationship between the dentist and his patient must be realized at all times. Dress, manners, habits, cultural interests — many such factors go to make up the successful man. Remember your patient may not know much about your work, but he or she will probably size you up for *what you are*, with considerable accuracy. One should be not only a cultivated gentleman, but a practical psychologist as well.

3. The business side of dental practice, while placed last, is naturally of essential importance. The dentist must live, and in the process treat his patients in a fair and equitable manner. Furthermore, the conduct of his practice must be orderly, that fair dealing may prevail. A carefully studied system of fees, approximately in keeping with those prevailing in a given community, is essential. His bookkeeping must be simple, explicit and complete. His system of making appointments, recalling patients for periodic cleaning of the teeth and examination, should be carefully arranged. Herein the competent secretary's daily labors are essential. In a word, the business side of office practice must be carried forward in businesslike fashion. That soon becomes established, leaving the practitioner free to devote his thought to his prime concern, the welfare of his patient.

*President Hale:*

Dr. Dunning, you have certainly endeared yourself to us, Sir, for your very fine presentation here. You have given us of your experience which is over a period of long years. We thank you for coming and being with us and we are happy to have you in the State of North Carolina.

*Dr. Dunning:*

Thank you, Mr. President. (Applause.)

*President Hale:*

The Chair will now recognize Dr. Sinclair.

*Dr. James A. Sinclair (Asheville):*

*Mr. President, Ladies and Gentlemen:* I am up here just in form only to introduce the next speaker, who perhaps is known not only to the North Carolina Dentists but to every Dental Society in America much better than you know me. Therefore, Mr. President, it is just a matter of form in introducing Dr. Mead to this audience. He is known, as you know, wherever dentistry is practiced and taught. He is an author, a successful practitioner and one of the best fishermen that there is in the United States. I take the greatest pleasure in introducing to you Dr. Mead, who is experienced in surgery, in anesthesia and in fact all departments of dentistry, including economics, Dr. Mead is tops. It is a great pleasure to introduce to you gentlemen Dr. Mead. (Applause.)



*Dr. Sterling V. Mead, D.D.S., F.A.C.D. (Washington, D. C.):*

*Mr. President, Dr. Sinclair, Ladies and Gentlemen:* I am very glad that Dr. Sinclair in his introduction mentioned fishing because I am most proud of that and I do a lot of talking but I don't catch many fish. The best fish are caught before I get there and just after I leave.

### ANESTHESIA LOCAL AND GENERAL

Dentistry should be very proud of the role it has played in the discovery and especially the improvement in methods of anesthesia. Of all of the services rendered mankind there is nothing that can compare in importance and appreciation with that of anesthesia. Practically all of our modern methods of surgery are dependent and based upon the use of an anesthetic agent, without which many operative procedures would be impossible. Anesthesia not only is a great boon to the patient but is of great benefit and service to the operator as well as it enables him to work with precision, skill and with less nervous exhaustion.

### SHOCK

In our operative procedures we do not hesitate to do multiple surgery, removing all of the teeth at one time, removing several impactions, or doing a considerable amount of work in the average case. There existed for a number of years a very erroneous idea that it was well to remove one or two teeth and wait for certain reactions, or for the production of anit-bodies before removing the other teeth. After observing the effects of surgery over the years and reviewing the cases of exacerbation, we are now doing more multiple surgery than at any time. It is not a question of whether we take one or all of the teeth, a small amount of surgery or a large amount, but it is the question of definite diagnosis, preoperative preparation, careful operative procedure, and proper post-operative care of the case. The anesthetic agent, of course, has a great deal to do with the amount of surgery done at one time. As a rule, it is not very good practice to do too much surgery at one time under local anesthetic agent. More surgery may be done at one time under proper conditions with a general anesthetic agent.

It has been my observation that where careful and intelligent surgery is practiced it is not the surgical procedure which causes post-operative complications, exacerbation, etc., but it is the result of shock. Dental shock is not a vague and indefinite condition that is seen only occasionally. If you will but follow your cases post-operatively as a routine, you will see that shock does play a great role. Just because a person presents to you for the removal of a tooth or a number of teeth and is able to get through the operation with his life and live through the ordeal does not mean that he will not have any post-operative consequences, and danger to his nervous system and health in general.

The physician is the one especially who can verify this as he sees many of these patients after operative procedure and is in a position to know what is taking place. Many times an inexperienced operator will feel quite satisfied with himself when he has been able to spend one or two hours over an operation and concludes it successfully with the patient under local anesthesia without any other preparation whatsoever. I think it is as necessary to plan your operative procedure, based upon careful diagnosis and pre-operative preparation, as it is for other types of surgery, such as the removal of tonsils, gall bladder, etc. The patient may be very pleased with an opera-

tive procedure but later be very much displeased when post-operative complications do occur.

Dr. Deford, who was one of the early pioneers in the use of anesthesia, stated in his book, "I had rather take my chances on anesthetizing a patient with valvular lesion of the heart, morbid kidney and an impaired lung, mind tranquil, than to anesthetize a patient who takes the chair white with fear, gasping with quick breath, circulation disturbed, with normal heart, lungs and kidneys."

#### SELECTION OF ANESTHESIA

A very important step toward success in any operative procedure is the correct choice of an anesthetic agent. Those who are familiar with the different types of anesthetic agents and who have had sufficient clinical experience to interpret various types of patient and to understand the findings of a physical examination, are in a position to render the patient much better service from an anesthetic standpoint as well as from an operative standpoint. The success or failure of an operation may absolutely depend upon the anesthetic agent.

This choice depends, especially upon good judgment and coöperation between the dentist and physician.

I believe it is evident that not all operations in the mouth and even the removal of the teeth are always methods for a dental chair. Many of these cases should be hospitalized. Some of the anesthetic agents that are at times indicated in particular cases are not suitable for operations in the dental chair. There is no reason, with the present facilities for operative procedure, that the cases calling for special treatment should not avail themselves of these facilities.

In the selection of anesthesia, it is necessary to distinguish between the various types of patients, such as those who will react normally, those who are unusually susceptible to the anesthetic, the resistant type of patient, etc. It is necessary to understand the influence of age, the circulatory system, the blood pressure, the respiratory system, the nervous system, sex, glandular system, etc.

In the selecting of the anesthetic agent, it is of course necessary to choose between a local or general anesthetic. There are various local anesthetic agents which I will discuss in a brief way.

The general anesthetic agent most useful for dentistry is nitrous oxide and oxygen. Other agents that may be used are avertin, ether, ethylene, and the barbiturates.

#### EVALUATING RISK

There are a number of methods of evaluating risks for both local and general anesthetic agents. The question in the questionnaire we have developed are very useful. The breath holding test is quite valuable. The use of the stethoscope and sphygmomanometer are essential. There are other more complicated tests that are useful but are not so practical from a dental standpoint. The one point that I want to bring out most clearly is the fact that it is not possible to do intelligent mouth surgery without some knowledge of the patient's general physical condition. This can only be accomplished by the coöperation of the dentist and the physician. The dentist is not in a position to make a thorough physical examination, and the coöperation with the medical field is most essential.

While the methods that I have outlined used by the dentist in making physical examinations will not be as thorough as may be desired, still it is

a habit which may be developed and by consistent practice, considerable proficiency may be acquired.

This will not mean that he will encroach on the field of the physician, but rather, that he will be in a position to more intelligently coöperate with the physician.

#### PREOPERATIVE PREPARATION

In using a general anesthetic agent, it is necessary that the patient miss the meal previous to the operation and it is usually best to premedicate the patient. The usual method of choice for premedication is one of the barbiturates, such as nembutal. However, there are many cases where a barbiturate should not be used. A patient with a very low blood pressure or very low resistance, or in the case of an athletic type of man or an alcoholic; any person with an impaired heart of this kind should have morphine rather than a barbiturate. Morphine gives more relaxation, but it stimulates the circulatory system while nembutal decreases. The great disadvantage to morphine is that it has a tendency to nauseate, and for this reason, it is usually well to use barbiturates as a method of choice, excepting where contra-indicated.

A very important factor in preoperative preparation is the choice of the place of the operation, whether in the dental office or in the hospital. The position of the patient is quite important. From my standpoint, it is far more satisfactory to work on a patient with either a local or general anesthetic in the prone position as he is more relaxed and easier handled. In the case of a local anesthetic, the same amount of the anesthetic may be given upon the operating table as in the dental chair with far less reaction. Most of the reactions, such as syncope, pain in the back, heart disturbances, circulatory disturbances, etc., can be prevented by having the patient in a prone position. From my standpoint, this is even more important than giving a heart stimulant.

It must also be remembered that the use of barbiturates is especially good for local anesthesia as well as general as it is the factor of shock in which we are most interested. The barbiturates also act very well in counteracting depressive effects of local anesthetic agents.

Psychology is of great importance in handling the patient.

#### GENERAL ANESTHESIA

While most dental cases can be successfully operated upon for any period of time under nitrous oxide and oxygen, it is occasionally advantageous to use a synergistic type of anesthesia. For instance, in some cases where you need relaxation of the tissues and the operative procedure is a very difficult one covering a length of time, it is of great advantage to use avertin as a basal anesthesia, using from 60-80 milligrams per kilobody weight, with the intention of supplementing this with nitrous oxide and oxygen. In other words, using the avertin as the anesthetic agent alone would necessitate using larger doses, which is not necessary and also dangerous. In some cases it is the method of choice as the entire anesthetic agent, which is rather unusual in our practice.

In other cases we prefer to use ether during the induction period and then switch to nitrous oxide and oxygen, and in some cases to carry along a small amount of ether. We have found vinyl ether advantageous in some cases, especially during the induction period for its quick action. There are some cases where ethylene is used, but its disadvantages are rapidly displacing it as a dental anesthetic agent. The intravenous injection of the



barbiturates has some advantages in some particular types of cases. Ethyl chloride is also useful, especially during the induction stage. Many operators use it as the anesthetic agent, especially for children.

#### LOCAL ANESTHESIA

In a short discussion of this nature, there are only a few things that I would like to bring out to you regarding local anesthesia, which is the form of anesthesia no doubt used more extensively by the general practitioner.

Many operators feel that this method is without danger and the safest anesthetic agent. When you consider, however, not only the immediate effects and the post-operative effects and complications and observe them clinically, you will not have this opinion. A local anesthetic agent in a very high percentage of cases does cause a local disturbance, and there are many complications that may follow its injudicious use when used routinely even by those who are expert in its use.

We have at our disposal many products of very high caliber. The most universally used anesthesia is procaine. There are other agents being used, such as Monocaine, etc. It is well to follow the advice of the Council on Therapeutics to use Procaine as the method of choice as a local anesthetic agent until all experimental work is completed and definite results have been obtained with the other anesthetic agents even though they may be thought by some to be far superior in their action.

It is very difficult in practice for the average person to distinguish between the action of a 2 per cent Procaine solution with epinephrine and a 1 per cent Monocaine solution with epinephrine.

It is well in connection with the local anesthetic agents to call your attention to the recent work of Weaver and Kitchen, and to the work of Tainter, Thronsdon and Moore. Tainter found that Procaine containing Cobefrin would show no consistent difference or superiority over that containing from 1 to 50 per cent epinephrine or the neosynephrine. Epinephrine gives a quicker anesthesia and a more prolonged anesthesia, and considering all factors, there is no more advantage in the other methods.

The most important things to consider with local anesthesia are absolute sterility of the implements, a definite time of changing needles so that there will be no weakness or liability to break, using definitely proved technique, injecting slowly into the tissues usually withdrawing the needle during injection, not injecting under pressure or under the periosteum, avoiding injection where there is inflammation or acute condition and in those cases where general anesthesia is indicated. I have found it advantageous where an injection is made, especially in the tubercity and where there is beginning swelling and hemotoma, to open with a sharp lancet into the exact region traversed with the needle and spread with a hemostat and then apply hot and cold cloths to the face. This will usually prevent undue swelling and will prevent abscesses as well, which occasionally follow a hematoma.

It is to be remembered that it is not a question, with the excellent facilities we now have at our disposal, to consider the anesthesia alone, but it is the judgment, selection of cases, technique, preoperative preparation, operative procedure, post-operative care, etc., that are of the greatest importance.

#### EMERGENCY MEASURES

The operator should be familiar with all methods of emergency measures for use with the local and general anesthetic agents, for one never knows when he will be called upon to use one or all of the different methods. He



should familiarize himself with the mechanical means of resuscitation, negative ventilation in the form of the Sylvester method, the Schaefer method, and the method of Laborde, and the positive ventilation by forced oxygen.

All authorities recognize the questionable value of drugs, and many times the futility of their use in anesthesia, emergencies. They are usually to be considered in the second line of defense.

In syncope the most common form of medication is spirits of ammonia, which is an indirect heart stimulant. In respiratory embarrassment or failure, caffeine, sodio-caffein-benseate, or metrazol is the drug of choice. In the case of heart failure metrazol is best. In cardiac or circulatory depression or cardiac failure different drugs may be indicated. In the case of an attack of angina pectoris, one of the vasometer dilators, such as amyl nitrite may be used in the form of vaporole, the ampule broken and held under the nose or a tablet of nitro-glycerine under the tongue.

It has been a very general form of treatment to use one c.c. of epinephrine subcutaneously, intra-muscularly, or even intravenously for cardiac failure, and this would seem to be very inconsistent with some of the opinions that prevail regarding the fact that one drop of epinephrine used in a local anesthetic agent as causing so many systemic reactions. However, it has been my observation that many of the so-called reactions that are contributed to the epinephrine are due to other causes, such as shock especially. If epinephrine is used in an emergency, it is well, of course, to have in mind that this should be supported with standardized digitalis, such as digifolin. The use in the case of collapse or severe shock of intravenous glucose or saline solution should be carefully considered.

In a case of great excitement or fear, the bromides, the barbiturates, and the narcotics, such as morphine and codeine should be considered.

#### *President Hale:*

Dr. Mead, we, for a long time, have been wanting to get you to appear before the North Carolina Dental Society. You have given a splendid presentation and one which we have enjoyed immensely. We enjoyed it very, very much. Be careful how you associate with Jack Sinclair, Dan Mizell and that crowd fishing because they will catch all the fish and you won't get any. We hope to have the pleasure of having you back with us again some time.

Is there anything anybody wants to say before we adjourn?

Adjournment at 10:30 p.m.

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### TUESDAY MORNING

9:00 A.M.

General Table Clinics. (Colonial Room.)

"Removing Stains from Mottled Enamel."

J. Wilson Ames, D.D.S., Smithfield, Va.

"Porcelain Bridge."

B. McK. Johnson, D.D.S., Greenville, N. C.

"Pin Inlays for Posterior Teeth."

H. M. Patterson, D.D.S., Burlington, N. C.

"Impacted and Misplaced Cuspids."

Olin W. Owen, D.D.S., Charlotte, N. C.

"A Review of Dental Anatomy."

Howard L. Allen, D.D.S., Henderson, N. C.

"Dentocoll As An Impression Material."

Marvin T. Jones, Jr., D.D. S., Apex, N. C.

"Some Phases of Children's Dentistry."

Ralph D. Coffey, D.D.S., Morganton, N. C.

Ralph L. Falls, D.D.S., Morganton, N. C.

"Technique for Devitalization of Deciduous Pulps."

R. Nat Hunt, D.D.S., Wadesboro, N. C.

"Baked Porcelain in General Practice."

A. C. Current, D.D.S., Gastonia, N. C.

"The Engine Driven Surgical Mallet."

K. L. Johnson, D.D.S., Raleigh, N. C.

"Cavity Sterilization and Protection of the Pulp."

Anton A. Phillips, D.D.S., Raleigh, N. C.

"Conservative Surgery in Periodontoclasia."

L. F. Bumgardner, D.D.S., Charlotte, N. C.

"An Outline of Some Procedures in Children's Operative Dentistry."

Rufus S. Jones, D.D.S., Warenton, N. C.

"A Method for Wiring of Fractures of the Mandible."

Theodore W. Atwood, D.D.S., Durham, N. C.

Norman Ross, D.D.S., Durham, N. C.

"A Simple but Successful Treatment of Pyorrhea."

C. D. Wheeler, D.D.S., Salisbury, N. C.

"Better Porcelain Fillings."

B. C. Taylor, D.D.S., Landis, N. C.

"Abnormalities of Frenum." (Results of Removal and Treatment.)

Wm. A. Pressly, Jr., D.D.S., Greensboro, N. C.

"Baked Porcelain Jacket Crown."

W. R. Hinton, Jr., D.D.S., Greensboro, N. C.

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## TUESDAY NOON SESSION—MAY 2, 1939

*President Hale:*

Gentlemen, the noon session of the North Carolina Dental Society will please come to order. The Chair recognizes Dr. Howard B. Higgins, Past Director and Secretary of the South Carolina Dental Society.

*Dr. Higgins:*

*Mr. President*, I will just stand where I am. In regard to the South Carolina State Dental meeting which convenes next Monday and Tuesday in Charleston, we will try to give you a good time if you will come down. You have a splendid program here. We will do the best we can

for you and the best we can to entertain you. We have always found fellowship and coöperation with you in dentistry. There are many isms setting up in the country and so much division, if there ever was a time when we needed to unite and stay in close harmony, it is now. South Carolina invites you to come down. (Applause.)

*President Hale:*

The Chair recognizes Dr. Wilbert Jackson.

*Dr. Jackson:*

I have been asked to call your attention to the pamphlet that you will find in your chairs. I hope you will not disregard that because it is important. It is pertaining to the greatest event that has ever happened to the profession that you are a part of. Next March 18, 19, and 20 in the City of Baltimore the American Dental Association with the Maryland State Dental Association will celebrate the organization or the founding of professional dentistry in the United States, which is the 100th Anniversary. One hundred years ago next February—the exact date is the 19th or 20th—the first Dental College in the world was organized. This great profession will review the progress made during the hundred years. It is a meeting none of you can afford to miss. It will afford you an opportunity not only to know the crude ways and great advances that the profession has made but give you an opportunity to familiarize yourself with the most recent advances made in dental research because the meeting will be well balanced. The program will be unsurpassed. The American Dental Association is sponsoring it to the extent of ten thousand dollars. The best brains in the profession all over the country will be in Baltimore next March—next March 18, 19, and 20. Read the *Journal* as to the centennial celebration in Baltimore next March. It will be celebrated in a way most befitting of the spirit of the profession of which you and I are a part.

*President Hale:*

Thank you, Dr. Jackson.

I think one who comes to North Carolina cannot for long be a stranger, Dr. Paffenbarger yesterday did not need an introduction to us. He only needed to know us. Without any more formality we are going to hear from Dr. George C. Paffenbarger, D.D.S., F.A.C.D. (Washington, D. C.)

#### DENTURE BASE MATERIALS

*Mr. Chairman, Members and Guests of the North Carolina Dental Society:* The Dental Base Materials have been studied by the American Dental Association Research Fellowship at the National Bureau of Standards and by the Bureau of Standards itself for the last three or four years. The work which I am reporting to you today is largely the work of Barber, Sweeney and

Schonover, who have published their results on these denture base materials. Probably in no other field of materials has there been so much chaos as in this field. And one of the reasons for that chaos was that there were no adequate laboratory tests by which one could to some extent predict the behavior of these materials in the mouth. There were no adequate tests until recently. Now this condition does not only apply to dentistry, it applies as well to industry where these so-called plastic resins are used. In dentistry one of the resins which have been used with more or less success are the phenol-formaldehyde group. Bakelite is one of the oldest, if not the oldest commercial resin. Such trade names as Luxene and Duratone are examples of this type of material. Then there came upon the market in the last few years the Vinyl resins which were mixtures of vinyl acetate and vinyl chloride. The trade names of those resins, the two principal ones, were Resovin and Vydon. No doubt you gentlemen know from first hand experience of the elimination of that type of material. Of course they have used celluloid some time for denture bases. Celluloid at one time was fairly extensively used. Then they were discarded almost entirely until after the War when Hecolite, a celluloid material, made its appearance and still is used by many men. But very recently there have been commercially available a type of resin called methyl methacrylate—that is the chemical name for it. Now acrylic acid resins of which methyl methacrylate is one, have been known for practically thirty years but only recently have they been used commercially and utilized on an industrial scale. Veronite, Crystolex and Lucitone are three examples of methyl methacrylate resins which are in current use today.

Now I desire to discuss with you certain laboratory tests by which we can compare these groups or classes of material one with another. May I have the first slide?

(Slide.) This bar represents a type of specimen upon which are determined tensile properties. This rectangular piece represents a type of specimen which we use to determine impact, fatigue and cross bend or transverse strength properties. A specimen of this type is mounted in the machine vertically and is subjected to a load which tends to pull it in two, hence this cross section of the middle span is not so wide as the part of the piece which is held in the grip. That is to cause the specimen to rupture within the reduced section. We know that certain properties are important so far as practical use of these materials are concerned. The tensile strength is the force required to rupture the specimen. We can determine the amount of stretch the specimen will yield before it is ruptured and we can determine another very important property which is known in engineering language as proportional limit. You gentlemen know when you take a clasp wire and form it into a clasp, it must have some springiness and it must have enough springiness to go over the greatest contour of the tooth. When removed from the tooth, it will spring back to its normal dimensions but if you stretch that clasp so far that it takes a set, you have exceeded this point of limit. I want you to understand proportional limit because it is important so far as the physical properties of significance in dentistry are concerned. Thus we have the piece mounted in the machine and place a ten-pound load on it and note a stretch of  $2/10$  per cent. If this is repeated until the stretch is not in proportion to the load, the proportional limit has been exceeded. When the load is removed, the specimen will not return to normal length. It has taken a permanent set. Say the force exerted in food chewing distorts a plate. If it is enough to permanently deform the plate you can see how this application is directly useable in evaluating these materials. Impact strength,



fatigue and cross bend are important and will assume more importance as we go along.

(Slide.) Let us compare the tensile properties of these resins with rubber. Now we know what rubber will do in the mouth because we have used it for years and have had sufficient clinical experience with rubber. If we use rubber as a basis to judge the properties of material, we will be on a secure foundation. You will notice that the tensile strength of a dark olive base rubber is approximately 8,000 pounds per square inch. What does that mean? It means that if this specimen had a cross sectional area of one square inch, it would take an 8,000 pound load to break it. That is what it means. You will notice that a metal filled base rubber type which has aluminum bronze incorporated into it like "gold base" and "gold dust" have, is slightly stronger. The pink rubber has more filler and less rubber hydrocarbon than the base type. It is therefore a weaker material. Vinyl resin has about the same strength as rubber. Phenol-formaldehyde resin is not as strong as rubber. Cellulose compound is weaker than rubber.

Now the elongation is important and of course we know celluloids are very tough. They stand a lot of abuse without breaking. It is one of the reasons they have 26 per cent elongation, while rubber will have only one and a half per cent. Phenol-formaldehyde is a brittle material and has only two-tenths of one per cent elongation. It has many similar properties to glass.

Now we will go back to the proportional limit. You will recall the description of what the term means. You will find that the base rubbers and the vinyl resins are very close to each other but the phenol-formaldehyde won't give much before it breaks. It will be just about like glass in this respect. The proportional limit will be very near its tensile strength. Where do methyl methacrylates fit? Properties of methyl methacrylate in tension are almost identical with the rubber.

(Slide.) Now we want to determine the property which we call impact strength. If you drop a denture and it breaks easily, it is brittle, it will have low impact strength but if it is tough or strong and can be stretched, then it is going to have high impact strength. This small specimen, previously described, is mounted and laid on this rest. The hammer—mounted on the arm—is released, comes down and strikes the specimen. If the specimen is broken, the hammer comes on through and the up swing is registered on this dial. This test is used in measuring the energy which is absorbed. Values are written in the unit centimeter-kilograms. Olive base rubber of the better type, will have impact strength of say 40. Vinyl resin is very tough, too. Phenol-formaldehyde is low because it is brittle but the cellulose compounds are tough, so they do not break easily when you drop them. Now the impact strength of the methyl methacrylate will fall between base rubber and the vinyl resin. That is somewhere between 40 and 100.

(Slide.) This is a method by which transverse strength is measured. Here is a specimen mounted on this support, the span of which is approximately the distance between the posterior tuberosity regions of an upper full denture. We try to keep the specimens of dental size and this distance is significant so far as dental use of these materials is concerned. This support with the specimen mounted in it will be shown in the next slide in place in the machine.

(Slide.) Now this pan with shot in it represents the load which is transferred through this plunger on to the specimen. The amount of deflection which the specimen takes under a certain load is measured on this dial gauge.

(Slide.) This slide gives some figures on several of these types of base material, and also the modulus of elasticity in cross bending. Now the modulus is the strain, that is the load, which is placed upon a specimen divided by the amount the specimen stretches. That is, the ratio of the load or stress to the strain or yield. In other words, divide the load put on the specimen by how much it stretches. The value so computed is an indication of the stiffness of the material. This is another important property in so far as dental use is concerned. You will notice that these values were obtained at mouth temperature. That is another important point because you can get one answer at room temperature and another answer at mouth temperature. Since these materials are used in the mouth, it is best to test at mouth temperature conditions. You will notice that the modulus of olive base rubber is 400,000, pink base rubber 640,000, vinyl resin about the same as the darkest elastic rubber, phenol-formaldehyde is not quite as stiff as pink but stiffer than olive base rubber, cellulose compound is not stiff at all comparatively. Now the methyl methacrylate resins will have a stiffness value very close to the dark elastic type of denture base rubber. When we ran the temperature during the test up to 47 degree Centigrade, which would be the approximate temperature of hot coffee and hot soup and things which you would take into your mouth, you will notice that the material will become softer and have less stiffness at those temperatures than they do at mouth temperatures. Now such a material as cellulose compound, which has a very low modulus at high temperature, would bend easily. You can see how easily distorted those materials may become under actual biting stress.

(Slide.) Here is where the vinyl resins fell down. They have good impact strength. They have good elongation. One thing they are low in and that is resistance to fatigue. If we take a small specimen of this type and flex it like this with a very light load for a great number of cycles, two or three million cycles, that material may break, even though the load is far less than it would break under normally. It is this constant repetition of a small load which some materials won't withstand. Here is the way we test for fatigue resistance. This is a spring and one side of the specimen is mounted on the spring. The other side is fastened to the crank arm which is mounted eccentricly on the motor shaft. As the motor revolves the arms go up and down. A mirror is mounted on the spring and the beams of light reflected on a scale. Thus we can tell the amount of flexion the specimen undergoes. This is a schematic drawing.

(Slide.) The specimen is mounted here. Here is the spring in this position and the motor and eccentric device for rocking the arms. This box contains the scale.

(Slide.) We did find, for instance, phenol-formaldehyde resin and olive base rubber would stand a great number of flexion cycles without breaking but vinyl resin broke. One of the main reasons why these materials broke in the mouth — they were otherwise tough — was due to the constant flexion in the mouth. These small stresses would finally cause it to crack.

Hardness is another important property of these materials and we measure hardness by an arbitrary manner. For instance, this is a specimen of resin. Place on that resin a steel ball of a certain size and then place a load on that steel ball for a certain length of time. When we remove the load on the ball, one can see that a cup like depression has been formed in the specimen. Of course, the bigger that depression the softer the material as far as this particular test is concerned. The area of the indentation made by the ball, divided by the load taken to make the indentation, gives the hard-

ness number. The larger the number the harder the material. You will see that the olive base rubber is around 16- or 15-Brinnel numbers. Phenol-formaldehyde being more glasslike, is approximately 34. Again cellulose compound is away down to 12. Methyl methacrylate is very close to hard base rubber.

(Slide.) We determine the volume change of these various types of denture base rubbers by taking the density or specific gravity before and after vulcanization. We determine density and from that data determine how much the material shrinks. You will notice olive base shrank almost 7 per cent, while metal filled rubber is approximately  $4\frac{1}{2}$  per cent. Maroon rubber  $1\frac{1}{2}$  per cent. Therefore you will notice that shrinkage decreased as the amount of rubber decreased and as the amount of filler or insert material increased. Pink veneer rubber shrinkage is almost 4 per cent. We are determining pressure and shrinkage in methyl methacrylate resin but we haven't enough determinations to report any reliable value. It doesn't appear that it will be very much different from the base rubber.

(Slide.) Heat conduction. One advantage of a metal denture, of course, is that it transmits heat from tissue rapidly. It allows rapid radiation to occur and more comfort to the patient when drinking hot and cold food. It is necessary to know whether these resins are better heat conductors than hard rubber. In order to measure heat transfer this device, in which a sheet of material is placed between two insulating blocks and a certain amount of heat is applied to them is used. Then the heat transferred is measured by means of sensitive thermocouples.

(Slide.) The next slide gives you the data. The unit used is milliwatts per square centimeter per degree centigrade per centimeter. You will notice that all resin materials are very poor heat conductors. The value for olive base rubber is one point six. There is really no difference of any significance so far as dental materials are concerned between the heat conductivity of any of these resinous materials, including the new methyl methacrylate. They are good insulators. To compare with the metallic elements notice that gold is almost 3,000. There is a vast difference between a gold denture and one of these resins in transferring heat from and to the tissues. It has been said that metal filled rubber would transfer heat from the tissues and make a condition more compatible with natural conditions. However, you will notice that the material will not transfer heat any better than ordinary base rubber.

(Slide.) Now this slide gives data on the water absorption of these materials. We know that vulcanite does become foul after usage and at one time it was thought that the fouling characteristic could be measured somewhat by the water absorption of the material. To test a specimen, it was weighed, then placed in water for a certain length of time, then withdrawn and superficially dried and reweighed. If water was picked up, the material was heavier on the second weighing. The difference between the two weighings divided by the original weight of the material times 100 would be the amount of water absorption in per cent by weight. Now we ran these as long as three weeks and the olive base rubber in three weeks would absorb practically one and one-tenth milligrams of water and metal filled base, "gold dust" and "gold plate" about the same. Pink veneer rubber absorbed a little more, about one and a half milligrams. Vinyl resin was higher. Phenol-formaldehyde was higher. Celluloid compound picked up ten times as much as rubber. Methyl methacrylates are higher, too, than the rubber values. They are comparatively large and the reason for that, we don't know. But so far as fouling characteristics are concerned, we don't believe water absorption value is a true index. If you have had experience with celluloid ma-



terials you know that if you let them dry out they warp and the reason they warp is because they absorb too much water and when they dry out, it is given off, and the result is a warped material. When celluloid materials are placed back into the water, they absorb it and warp again. So water absorption of materials is important, therefore, from that standpoint.

Now, we shall consider the stability of the denture in service. (Slide.) Here is something you men can do and it will prove very interesting to you and I wish you'd keep clinical records. It won't be difficult to do. After a denture is made and you are all ready to place it in service, make an artificial stone model of it bearing surface. Then after the patient has worn it a year or so, call him back and see if the denture will fit back onto the model. Here is one that didn't. Now, these denture materials do change in the mouth. We have made reference marks on the posterior portion, just the posterior to the last tooth, so the length changes could be determined under the microscope. Some of those changes were due to water absorption and loss of water when the denture is left out of the mouth. We are not certain whether those changes are actually warping of the material in the mouth, inherently by the material itself, or whether the tissue changes occurring in the mouth are being followed by the denture. Please understand that point. We don't know at present whether the warpage is caused by the denture itself or whether the warpage is the result of the denture following the natural tissue changes. I can see how that if the denture is warping, it would naturally cause tissue change by distributing load differently from where it was originally. When the denture which you are observing is not in the mouth, alternately soak and dry it. You can do this in your office because you have extra dentures for demonstrating to your patients certain phases of dental service which you can only convey in that way. It is easy to make a stone model. You can study your dentures in this way. It is a clinical experience well worth while if you will just take the trouble to do this and write up the experience in very short articles and publish such articles in the *Journal* because these are clinical tests which are just as important as laboratory tests. They must supplement each other.

That is all the slides, please.

I think personally from our own experience and from the experience which we have been able to obtain from users that the methyl methacrylate resins present a definite advantage over other types of resin which are being currently used for denture base work. They are certainly easy to repair and not only easy to repair but repaired sections are difficult if not impossible to detect. They are certainly easy to handle. The technic used in processing methyl methacrylate resins is certainly much simpler than used in vulcanizing rubber. The only difficulties of any consequence which have been reported to us so far as methyl methacrylate resins are concerned are two. One is the checking of teeth under certain circumstances. The technic is so far improved that this is becoming a less serious factor. The other the development of spots or bubbles on the surface of the material adjacent to large cross sections. This is also disappearing as the technic for handling them is becoming more refined. We are at the present time formulating a specification for denture rubber and that will be used as the comparative measure of the usefulness of the different brands of rubber. We hope within the next two or three years to formulate specifications for these other types of denture base plastics and when we get specifications formulated and in use and the manufacturers begin to guarantee materials to meet the specifications — the Research Commission of the American Dental Association will test the materials on the market and publish a list of those ones which they found to pass the specifications. Thank you, gentlemen.



*President Hale:*

Are there any questions?

*Dr. Mustain:*

Doctor, I have for many years used the maroon rubber because I thought it was stronger. There is one thing I have observed, however, and that is the tissues under which maroon rubber is worn appeared to be red and inflamed more so than other rubbers. I would like to ask you what is the filling base material added to this rubber which would have a tendency to cause this irritation?

*Dr. Paffenbarger:*

They use a number of fillers in base rubber. Zinc oxide is one. Colored maroon rubber contains also a pigment, a mercury salt, commonly spoken of as vermillion. Some investigators hold that some patients have an idiosyncrasy toward vermillion and that is what causes so-called rubber sore mouth. Another investigator, Dr. Pryor, in Cleveland, contends that this irritation is due to bacterial growth upon the denture. I don't know what causes it.

*President Hale:*

Has anybody else a question? Dr. Paffenbarger, you have made a distinct contribution to our program and I take this opportunity to thank you on behalf of the Society. We like you professionally and personally. We hope the opportunity will present itself for us to have the pleasure of having you with us again.

*Dr. Paffenbarger:*

I might say if you gentlemen come to Washington we'd be pleased to have you visit the National Bureau of Standards and the American Dental Association Research Fellowship there. Naturally, we are there to serve you, and if we can serve you, we will be pleased to do so. (Applause.)

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## GENERAL SESSION TUESDAY AFTERNOON

MAY 2, 1939

The Tuesday afternoon session of the North Carolina Dental Society convened at 2:00 o'clock, the President, Dr. G. Fred Hale, presiding.

*President Hale:*

The afternoon session of the North Carolina Dental Society will please come to order.

The Chair recognizes Dr. Ralph F. Jarrett, of Charlotte.

*Dr. Jarrett:*

We are very fortunate indeed to have with us one of the outstanding men in his line. We are very fortunate to have him now a citizen of the South. He was Professor of Crown and Bridge, University of Nebraska, and is now with the Atlanta Southern Dental College. I have heard Dr. Sturdevant lecture and I think, without a doubt, that he has one of the best clinics and presents it in the best form, of any I have ever attended, for two reasons — first, because it is not a difficult technic and second, because it works. I think we have come to the time — in the mechanical part of dentistry — where we are coming back to simple facts and the idea of making mountains out of mole hills is being stopped, so at this time I want to introduce Dr. R. E. Sturdevant, of Atlanta, Georgia. (Applause.)

*Dr. Sturdevant:*

*Ladies, Members of the North Carolina Dental Society, Guests and Visitors:* After such a gracious introduction it makes me feel like a man getting up with the bases loaded and two men down. Knowing another lecture is to come within an hour, I am going right into this paper.

#### A SIMPLE CONTROL FOR PRACTICAL CASTINGS

The application of a casting technic in dentistry has gone through thirty years of practical service. The dental profession can boast of the progress that has been made in casting technics during the short period of time. The old plate golds of earlier days have been replaced by highly specialized alloys which possess definite physical properties to meet the varied requirements arising in restorative dentistry. Waxes for pattern work have been variously modified. Our crude investments of a few years ago have been advanced to a point where raw materials are carefully selected, accurately proportioned, and blended under precisely controlled conditions. These improvements are the result of extended research conducted by individuals grounded in scientific fundamentals, urged on by professional criticisms and requirements. With this forward movement also have come great improvements in casting equipment and accessory products. Old technics have been revised and many new ones advanced. This progress has been made possible through the united efforts of the dentist, laboratory technician, and manufacturer, always guided by the great work of the Bureau of Standards.

If the auto mechanic is criticized because his measurements are three-thousandths of an inch from being perfect, is it not reasonable to expect the dentist, who is working upon a part of the human anatomy, to produce gold castings which are nearly as accurate? Knowing how indispensable casting is to the general practitioner, I shall endeavor to put forth a simple technic which can enable the dentist to gain such accuracy. It shall always be my duty and privilege to strive for a simple technic which will give the dentist a practical, acceptable casting, rather than advance theories so extremely impracticable.

Before taking up the technic proper, it is best to consider briefly the wax pattern. Without a true wax pattern, the most careful technic ever devised surely would be unsatisfactory. The gold inlay can be only as good as the wax pattern.

In the direct inlay, we are confronted with the problem of removing the wax pattern from the tooth. Let us consider some distortions resulting from its removal. When the wax pattern is removed by the use of an explorer inserted in either the mesial or distal body of an M.O.D., there is an extreme danger of that portion of the wax in which the explorer is inserted, moving from the cavity previous to the body of wax on the opposite side of the tooth, giving us a distorted wax pattern.

In the indirect method, the common mistake is the removal of a wax pattern from a die by a sprue pin, resulting in a line of force comparable to that which arises from the explorer technic or removal. The execution of leverages undoubtedly will give a distorted wax pattern in the minds of many dentists, the swaging of castings on a die seems to be a cure-all for such mistakes. Likewise, the explorer, type of removal of wax patterns in interproximals with dove-tail occlusals will bring similar distortions. This can be easily avoided by the use of a fine "U" shaped wire, inserted into the wax in such a manner as to lift the wax pattern en masse with uniform traction on the various bodies of wax. The "U" wire can be inserted by holding it in the slightly warmed points of a cotton plier. Upon insertion of the wire to the proper depth, the pliers are released, thus freeing the wax pattern from excessive heat. After the pattern has been removed and mounted on the crucible former, the wire can be removed by using the warmed points of the cotton pliers, being careful to draw out the wire as soon as sufficient heat has been incorporated for its release, thereby minimizing the danger of distorting the wax pattern. In this particular technic of removal, it is not necessary to use extremely cold water for chilling the wax, as extremes in temperature are undesirable in handling wax patterns.

After care has been taken to obtain a pattern that fits as accurately as possible, let us continue with the next procedure, sprueing. In too many laboratories, the sprue is considered only as a means to hold the wax in position to receive the investment. Little consideration is given to its diameter, length and shape, or the metal used. All these are important factors. As to the diameter, pins from twelve to eighteen gauge should be used according to the size of the wax pattern. Sprues of the largest diameter should be used to prevent "shrink spot" porosity at the union of the sprue with the main body of the casting. This can also be overcome by using a reservoir which must be placed very close to the wax pattern and connected by a heavy channel to facilitate the drawing of the "shrink spot" porosity into the center of the reservoir. In the construction of reservoirs, many make the mistake of having them either too small for the size of the inlay, by having the attachment of the reservoir to the main body of the inlay too small, or by having the reservoir too far away from the pattern, thus acting only as a sprue button that is too far away from the mold. Reservoirs, however, are not necessary in making small castings, for if the sprues are large enough and sufficiently short, the gold in the center of the sprue chamber will remain molten long enough to furnish liquid gold to fill up the voids, resulting in a solid casting.

The sprue pin should always be straight and never tapered, inasmuch as a tapered pin only tends to resist the flow of molten gold in the sprue chamber and increase the velocity of the metal as it enters the mold, a factor very undesirable in the seating of gold against weak investments.

The final consideration in the selection of a sprue is the metal used. A steel pin is undesirable unless removed reasonably soon, since it will leave iron oxide against the wall of the sprue hole. This oxide, during the process of casting, will be picked up by the molten gold, thus resulting in a contami-

nation. This danger can be easily averted by the use of brass sprue pins which are very inexpensive.

After the proper sprue pin has been selected, let us proceed to attach the pin to the wax pattern, always selecting the greatest bulk of wax for the attachment, this precaution serving to prevent "shrink spot" porosity. It is unwise to insert a heated sprue pin into the surface of the wax, as the heat conveyed by the pin is likely to distort the pattern. This distortion can be avoided by placing a drop of sticky wax upon the pattern at the point of attachment and inserting the pin into the warm wax. If an instrument is to be used in sealing the attachment, it must be a thin bladed one, since a heavy instrument will radiate heat that may round a feather edge margin.

Our attention is now turned to the selection of a proper crucible former. The use of centrifugal force in making a casting will necessitate a crucible face of investment decidedly funnel shaped and rather deep to control the flow of the molten metal and take advantage of the initial inertia for seating it in the mold.

There are two reasons why the crucible face must be wide and rather shallow when using pressure for casting purposes:

(1) Uniform heat can be applied when melting the gold.

(2) Surface tension of the molten metal will not be broken, thus preventing any of the metal from dropping into the mold previous to the application of pressure.

The latter is especially important when using large sprues.

The next procedure is the mounting of the case into the crucible former, making sure that the distance between the wax pattern and former is short, in agreement with the contention of short sprue chambers. A drop or two of sticky wax may be placed about the opening at the bottom of the crucible former to make sure that the sprue pin remains in its proper position. A careful technician will make sure that the surface of his crucible former is always clean and buffed to insure a smooth crucible surface upon the investment.

The wax pattern is now cleaned with a solution composed of equal parts of hydrogen peroxide and of green soap in order to remove die lubricant in the indirect method and saliva and lubricant in the direct method. In rinsing the pattern, extremes in temperature may be avoided by using room temperature water. An air syringe is used to dry thoroughly the surface of the wax pattern, because free moisture on the surface of the wax will result in a rough casting.

In producing accurate dental castings, inlay investments are of no less importance than inlay waxes and their manipulation. A short period of ten years ago saw the dentist using an investment with no consideration of its physical properties. Needless to say, this opened a great field for a survey of the types of investments in use, and experiments have been conducted to determine their qualities. As a result, the dentist may now wisely choose his investment after a careful consideration of the physical properties of current casting investments.

After making a series of laboratory tests, I have chosen an investment whose physical properties make it most satisfactory. The observations made by the Bureau of Standards show this investment to be well above their specifications. Most important of all is the study of these observations relative to water-investment ratios, noting the increase of all the desirable qualities with a decrease of the water content.

To make the first mix of investment, the investment and water are measured with a very simple device, a set of measuring spoons which can be pur-



chased at any ten-cent store. Into the clean bowl of a mechanical spatulator are placed two teaspoonfuls of room temperature water and three level tablespoons of loosely packed investment. Distilled water is preferred to tap water, since tap water usually contains mineral salts which may increase or retard chemical reactions in the investment. The mixing is begun with a hand spatula to insure the initial union of water and investment before applying the mechanical spatulator. This procedure prevents a gumming up of dry investment about the central axis of the mechanical mixer, a fact which often discourages its use. The mechanical spatulator is indispensable if for no other reason than that it assures a homogeneous investment-water mix and greatly reduces entrapped air in the investment. This elimination of air bubbles contributes more to the smoothness of castings than any other single factor.

A minimum of one hundred and fifty turns of the blade or of fifty turns of the handle over a period of thirty seconds is required. Clean mechanical mixer immediately by rinsing in water. This will do away with investment ever attaching itself to the spatulator, a factor which usually discourages its use.

With an inlay paint brush a thick mixture is applied to the wax pattern, gently vibrating the investment to place, being careful not to bridge across angular depressions. After the wax has been properly covered to a depth of one-eighth inch, add more of the thick mix about the sprue pin down to the crucible former, making sure that enough is covering the crucible former in order to secure an appreciable lip of the smooth investment. This precaution insures us of the best possible channel for seating the gold into the mold.

The next step is to sprinkle dry investment upon the surface of the case. Then, gently vibrate by stroking a roughened instrument across the edge of the crucible former. During this procedure, moisture is drawn from the inner investment, reducing its water content and furnishing additional moisture for the application of more dry powder. The application of dry investment is repeated until a thick sponge core, which will serve a multiple purpose, is formed. After adding the sponge core, the excess of this layer which lies upon the crucible former is removed by the blade of a hand spatula and trimmed just inside the lip of the heavy inner investment, thus eliminating any roughened surface upon the crucible face of the investment. The benefits of the sponge core can be listed as follows:

1. The reduction of water content in the inner core of investment.
2. An accommodation for the expansion of investment, both setting and thermal.
3. The reduction of the resistance to the escape of air in the seating of the molten gold.

As has been said before in the discussion of the physical properties of the investment, a reduction in the water content is accompanied with an increase in tensile strength, compression strength, setting expansion, and thermal expansion, as well as a reduction in the setting time. Therefore, the addition of a sponge core and the consequent reduction of water in the inner core which lines the mold finds those properties which are essential to an accurate casting in every way.

Surely it is more advantageous to have a cushion stabilizer in the center of an investment than to accommodate the lateral expansion by the use of an asbestos liner at the periphery. An inner core of investment which is free to expand in all directions aids materially in producing true, unwarped castings. Without the central cushion, investments, because of their low conductivity, many times fracture when subjected to a rapid increase in

temperature. The cracking of the mold not only is evidenced in a fin of gold upon the surface of the casting, but also results in an inlay of distorted dimensions. We have completely overcome this difficulty in our teaching experience since the time that the sponge core was introduced into our casting technic.

If the gold is to fill the investment mold completely, it is necessary to provide some means for decreasing the resistance to the escape of air. This is easily demonstrated by feeding molten gold into a pyrex tube which is sealed at one end and constricted at the center to a diameter which is comparable to that of a sprue pin. The gold invariably fails to seat itself in the sealed portion of the glass tube that lies beyond the constriction. But if this same portion of the glass tube is cut off, and replaced by a body of wax, which will give a mold whose walls will afford the necessary escape of air, the molten metal can be seated perfectly. Certainly the sponge core has its merits in enabling an immediate escape for the air in the investment mold. Through the courtesy of R. L. Coleman, formerly of the Bureau of Standards and now Chief Metallurgist of the J. M. Ney Co., I received the apparatus which was used by the Bureau of Standards for determining the relative porosity of investments. A comparison of the tests on the escape of air through the one-eighth inch inner core of investment and through a mass of investment comparable in thickness and consistency to the one mix investment, leads to a definite conclusion: It is more advantageous in the seating of gold into an investment mold to have an immediate release for the escape of air by using a sponge core, than to hold the escaping air under pressure as it is being forced into the body of a single investment.

The ring is now properly fitted upon the crucible former and made ready to receive the outer investment. Inasmuch as the outer investment is merely a framework to hold in place that which is within, the measuring, mixing, and pouring of this investment is less important. For this mix, two level tablespoons of loose investment are added to the same measurement of water, two teaspoonfuls. The mixture is spatulated with the hand spatula and poured down the side of the ring, gently vibrating the mounted case to secure a proper crucible face and to avoid the trapping of large pockets of air. The poured up case is set aside from twenty to thirty minutes, depending upon the thickness of the outer investment.

Some dentists, realizing that the water content of a thin mix of investment may be reduced if surrounded by a sponge core, insist upon using a thinner investment for the inner core and pouring the same mix for the outer investment, instead of bothering to measure and spatulate two mixes of investment. But this short-cut is a grave mistake, for although it is possible to reduce the water content, the air bubbles which persist in a thinner mix, even after mechanical spatulation, cannot be withdrawn. Consequently, nodules appear upon the surface of the gold casting, because the small pockets of air which rest along the walls of investment break down when the metal is thrown into the mold.

The small portion of sticky wax which was used to attach the sprue pin in the crucible former is removed, and the crucible former is separated from the inlay ring, thereby leaving the sprue pin still imbedded in the investment. The removal of the sprue pin is facilitated by slightly heating it in order to cause its release from the wax which occupies the inner mold.

In the majority of cases, irregularities about the mouth of the sprue hole are found after the removal of the crucible former and sprue pin. If these jagged lips of investment are left, small portions may be fractured and carried into the mold by the intruding gold. The bits of investment invariably

will come to rest across an angle in the mold, thus preventing the seating of gold along delicate margins. With one minute of time, a little wax, and a vulcanite scraper, this catastrophe may be avoided. The sprue hole is filled with wax by the use of a narrow spatula, and a new crucible surface is formed by the use of the vulcanite scraper, resulting in a clean, rigged lip about the opening to the sprue chamber. And if any irregularities appear next to the inlay ring, an instrument should be used to remove them.

The burning out of the wax pattern and the heat treatment of the investment is of major importance, for in this step we take advantage of the most important factor of control, thermal expansion. To satisfy ourselves that the control may rest alone in the thermal expansion of the investment, a series of 2 per cent taper, wax plugs, uniformly invested, may be heat treated with a control furnace, holding the respective cases at 600 degrees, 1,100 degrees, and 1,300 degrees F., to insure a positive test at those temperatures. When the cast plugs are placed into the die for which they were made, they decidedly show the stages in the thermal expansion of the investment.

From the start, the increase in temperature must be gradual and not violent in order to accommodate the physical changes of the investment. Care must also be taken not to overheat the investment. Every technician has agreed that 1,300 degrees F., is the ideal temperature to cast when using high heat investments, but to overheat and then to drop back to 1,300 degrees results in a considerable shrinkage of the investment mold.

The proper adjustment of the torch to facilitate the rapid melting of the gold will greatly reduce oxidation and segregation of the base metals. The extent of oxidation can be further lessened by the use of a flux which has an affinity for oxygen.

When a cherry red is visible through the sprue hole, a color indicative of 1,300 degrees F., the gold is preheated to forestall a cooking down of the case. While the gold is hot, the case is placed in the casting machine, and the metal is remelted and cast with a minimum amount of delay.

The Secretary, Dr. Paul Fitzgerald, read the following telegrams:

DR. PAUL FITZGERALD

ILLNESS IN MY FAMILY IS PREVENTING ME FROM BEING WITH YOU. BEST WISHES FOR A SUCCESSFUL MEETING.

C. D. WHEELER.

DR. FRED HALE

SORRY CAN'T BE WITH YOU TODAY. SEE YOU TOMORROW. BEST WISHES FOR A SUCCESSFUL MEETING.

FRANK DUKE.

*President Hale:*

The Chair recognizes Dr. J. S. Betts.

*Dr. Betts:*

*Mr. Chairman and Fellows:* I am told that during the rich and colorful days of ancient Rome it was the custom for her people to take time out on occasion to do things beautifully. During that day and time men who distinguished themselves by their achievements were crowned with laurel wreaths denoting their superiority in their lines of endeavor. Imagination leads us to believe that those occasions were beautiful and appropriate and thrilling and heart moving. We don't

do things like that today. We might be richer in our history, we might make bigger men, and stronger characters, if we did. I have in mind this morning a desire — and I appreciate this opportunity — of calling the names of three men of our number who have distinguished themselves by their achievements.

Some thirty years ago, there came to us from beyond the Mason and Dixon line a man who at once placed himself among our very best; and we found out soon that he had ability, that he had initiative, that he had intestinal fortitude, that he would accomplish what he set out to accomplish despite obstacles and opposition which rose up against him. We elected him to secretaryship of our state organization, and later made him president. He was placed on the examining board, and was its efficient secretary for several years. He did well in every place to which he was elected. I refer to our friend, Fred Hunt of Asheville. Our dental laws were largely directed and framed, I am told, by him and a few of his associates who were with him in the difficult task, and today the dental laws that are on the statute books in other states were copied largely after our own dental laws.

I have in mind another man that we have all known over a period of years. He has bull-dog tenacity. He has caution. He has determination. He hews to the line, and lets chips fall where they may, and when he undertakes to do anything unless the opposition is too great, he carries it through to success. We all know and admire him for his sterling qualities. I take great pleasure in mentioning my friend, Dr. J. Martin Fleming, who recently brought from the press this wonderful history of the North Carolina Dental Society. While I am speaking of him I want to urge every man here, young as well as old, to purchase one of these books. The Society has offered them to you at a sacrifice. The price that you pay for this publication is less than it costs. The Society put up the money for it. I urge you, while you can, to possess one of these histories. It will be an invaluable possession of yours in after years.

I wish to speak of another man who has distinguished himself by his achievement. They tell me that when great need is imminent, some man is discovered to fill that need. The North Carolina State Board of Health needed a man some years ago to be director of oral hygiene. We discovered a man and put him in that place. He is a man of clear insight and keen discrimination, a man with initiative, and a past master at directive efficiency, for those who work with him come and go at his beck and call. He has put our state upon the map. No other state has a dental health program equal to ours. As evidence of that fact, at the last meeting of the national organization (his display is here on the mezzanine floor and I want every one to see it) his display took first prize in that organization. I am proud to acclaim these three men: F. L. Hunt, J. Martin Fleming, and Ernest A. Branch.



*President Hale:*

I recognize Dr. H. O. Lineberger.

*Dr. Lineberger:*

It is my privilege to present to this body a man who was present with us last year and who was at that time President of the American Dental Association and actively engaged in the busiest year any President ever had. Those fortunate enough to visit St. Louis will bear me out that it certainly was one of the finest meetings the American Dental Association has ever had. His work for child welfare program certainly will be long remembered. But he hasn't stopped there. Saturday night Mrs. Camalier called Mrs. Lineberger over long distance from Washington to tell her she wouldn't be able to be here at the meeting stating that certain things had arisen and that Dr. Camalier that day had taken a plane for Chicago. So I find from Dr. Camalier after he arrived here that he went to Chicago Saturday, sat in a meeting Saturday and most of Sunday and flew back to Washington. Yesterday he had a meeting in Baltimore. Last night he discussed a paper of Dr. Fishbein, editor of the *Journal* of the American Medical Association. I say he is still at work. It is fortunate that he came directly and spontaneously from these two important meetings. At this time we are certainly very happy to listen to a message from Dr. C. Willard Camalier, D.D.S., F.A.C.D., immediate Past President of the American Dental Association, Washington, D. C.

*Dr. Camalier:*

*Mr. President, Members of the North Carolina Dental Society, Friends and Guests:* I first want to thank you for this very fine invitation to be here this afternoon and to also express my deep appreciation to my friend, Dr. Lineberger, for his kind words.

#### SOME PERTINENT OBSERVATIONS ON THE NATIONAL HEALTH PROGRAM

*Mr. President, Members of the North Carolina State Dental Association, other members of the American Dental Association, Friends and Guests:*

Again the old North State has invited me to appear upon its program and you may be sure that I deeply appreciate the invitation, it being especially gratifying because a person is not usually invited more than once unless his past presentation has been at least partially acceptable.

The subject of my discourse today is naturally a live one and should be of great interest to every dentist in the State of North Carolina as well as throughout the United States. As a member of the Government Committee of the American Dental Association, I shall attempt to bring you today a brief discussion of the National Health Program proposed in Washington in the hope that you may be able to evaluate it in its proper perspective and govern yourself accordingly. I will start with the National Health Conference held last July in Washington. Prior to this conference, American

dentistry had no concrete idea of what the Government had in mind and frankly we know very little about it now as a result of the Conference. However, the invitation to the Conference did give the American Dental Association an opportunity to present, in a brief way, dentistry's position with reference to the holding of the Conference, what had been done by the profession in its own field, and to present certain recommendations concerning the future. To help me in placing dentistry's position before the Conference, I requested the assistance of Dr. J. Ben Robinson, Dr. Frank Cady of the United States Public Health Service and Dr. Lon W. Morrey, Director of the Bureau of Public Relations of the Association, also delegates to the Conference. We spent half the night preceding my appearance on the program and without official action of the Association I feel the matter was presented in a proper manner. Some uninformed persons have gotten the idea, and have said so publicly, that dentistry should have had a concrete program for the conference which would have been the last word in so far as the dental program in the United States was concerned. My confreres and myself took the position that the American Dental Association should state what it had done, what it would like to do, and to call the attention of the conference, and through it the Government, to the lack of consideration given the dental problem by the Technical Committee. So in this connection we told them not only what we had accomplished but we recommended strongly that the Government interest itself in the question of dental research and the improvement in the dental health of the children of the nation, 90 per cent of whom were proven to have dental defects by a survey conducted several years ago by the United States Government itself. (I refer to the dental survey conducted by the United States Public Health Service.) We did not criticize the aims of the conference; on the contrary, its motives were commended and we offered in the name of the Association all of our facilities in relation to the conduct of the conference. Incidentally, I might say that while our delegation was quite universally commended for its presentation at the National Health Conference, faint criticism has arisen from certain perpetual objectors on several points. In New York, a dental publication not connected with the American Dental Association or any of its constituent parts, has made the statement that if their representative had been allowed to speak at the conference he would have made a much superior presentation and given the conference a concrete plan on which to work. I would like to ask the gentleman in question how he could have presented any definite plan to the conference at that time which would have been acceptable to all of dentistry throughout the United States and its possessions? Some people and fortunately they are few, in number, seem to think that there is only one spot in the United States and that is New York City. It is too bad that the horizon of some does not extend beyond that so that they would know that the dental population of this broad United States and its possessions encompasses not only the large cities but small cities, counties and towns. These men have a much right to be considered as the dentists in the metropolitan areas and it would have been the height of folly and treachery to have attempted to foster a concrete plan of dentistry before the conference which might ultimately have been forced down the throats of the practicing dentists throughout this country. This same publication said "As long as dentistry selects leaders because of their scientific knowledge or technical ability or because they are "popular" stuffed shirts, so long will dentistry receive the kind of treatment from the public it is now getting. What we have today is not an overnight development. It is the culmination of the apathy of many years of

indifference and ignorance. The failure of medicine and dentistry to offer a constructive program is the basic reason for the present disgraceful situation. On this point, we, in the Allied Dental Council have a clear record; for we have a constructive Public Dental Health Program. It is affirmative and detailed. It does not sidestep. In fact, it seems to be the only constructive program in existence offered by any dental society. Miss Josephine Roche, chairman of the Conference, has asked for more copies for distribution amongst government experts who are studying the problem." Furthermore, we were criticized because we did not apparently recognize the absolute necessity of some plan being developed to care for not only the children of the country but the entire adult population. Note the words we used in referring to adults: "The dental profession realizes that some provision must be made to provide an emergency service at community expense for the relief of pain and the elimination of infection, and, in some instances for reconstruction work for those adults of the present generation who cannot provide this service for themselves." We were accused in this statement of advocating sub-standard care for the American people; that we should have gone the entire way and advocated some plan for the complete dental care of the masses. My confreres and myself, carrying the responsibility of a statement for the entire profession, felt that we should proceed cautiously in discussing a problem which at the least was highly controversial, and mind you, we were appearing without instructions from our House of Delegates. We were advocating what we thought to be a sensible and practical course and one which would be fair to the profession, to the public, and the taxpayer. Incidentally, you must remember that you are treading on extremely dangerous ground when you advocate complete dental care for the masses of the American people because if you are not careful others besides dentists would undoubtedly be brought into the picture if the whole field were to be covered. A complete dental service for the adult, while seemingly ideal, is impractical from a financial viewpoint and impossible of acceptance in many other ways. In this connection an excerpt from a letter written by Dr. I. S. Falk, Assistant Director in charge of Division of Health Studies of the Social Security Board, dated January 11, 1939, to one of the members of our Government committees, is interesting.

"Thank you for your letter of December 27. Neither the Technical Committee nor I, personally, has arrived at any final conclusions as to how or to what extent dentistry might be included in a compulsory health insurance program. At the moment, I can speak only for myself in expressing views beyond those stated in the Committee's report.

"There are many reasons for thinking that *complete* dental care could not be provided at the outset in a compulsory system unless there were subventions for the lowest income groups covered in the insurance system. I hold to this view quite apart from the mass existence of dental conditions requiring care which are the result of accumulated neglect. Even if it were possible to start out with a clean slate, taking care currently only of needs currently arising, it seems to me that the inclusion of full dental care at the outset may be impractical; from what we know of costs, the over-all expense may be prohibitive. In addition, I doubt that there are enough dentists and *subsidiary technical qualified personnel* in the country to provide complete service now for everybody, if such services were made financially possible."

Our committee stated, and I so reiterate again today, that the long term preventive program for children is the only feasible and practical one for the control of dental disease. Our critics have studiously avoided giving our



committee credit for stating what American dentistry has accomplished, or its advocacy of dental research in caries or the institution of a well rounded program for the children of the nation. Subsequent to this presentation at the National Health Conference, I appointed a committee of five as advisers to the Board of Trustees to meet several days prior to our meeting in St. Louis. This committee composed of such distinguished dentists as Dr. Leroy M. S. Miner, Dr. Lon W. Morrey, Dr. J. F. Ewen, Dr. A. B. Patterson, and Dr. Edward Bruening, did their job well and it was upon their recommendation that the House of Delegates authorized me to appoint a committee of nine from the House to formulate a dental program to be used as a basis for coöperation with the United States Government. This committee headed by Dr. Harold Oppice, made a splendid report and in substance endorsed the action of your representatives at the National Health Conference. I should like to read the report of this special committee. It is as follows:

REPORT OF SPECIAL COMMITTEE APPOINTED TO CONSIDER  
NATIONAL HEALTH PROGRAM OF PRESIDENT'S  
INTERDEPARTMENTAL COMMITTEE

Inasmuch as the dental profession has long been aware that the control of dental disease is necessary to the maintenance of health, and inasmuch as the Report of the Technical Committee to the President's Interdepartmental Committee has recognized the fact that dental care constitutes an integral part of a national health program, and inasmuch as the dental profession is the only group having the training and the legal authority to treat dental disease, your Committee has drawn up the following declaration of principles and recommendations which it believes should be presented by the American Dental Association to the Federal Government for its assistance in planning the dental phase of a general health program.

PRINCIPLES

Your Committee recommends that in the formulation of any national health program, the American Dental Association should insist on inclusion of the following principles:

I. In all conferences that may lead to the formation of a plan relative to a national health program, there must be participation by authorized representatives of the American Dental Association.

II. The plan should give careful consideration to: First, the needs of the people; second, the obligation to the taxpayers; third, the service to be rendered; and fourth, the interests of the profession.

III. The plan should be flexible so as to be adaptable to local conditions.

IV. There must be complete exclusion of non-professional, profit-seeking agencies.

V. The dental phase of a national health program should be approached on a basis of prevention of dental diseases.

VI. The plan should provide for an extensive program of dental health education for the control of dental diseases.

VII. The plan should include provision for rendering the highest quality of dental service to those of the population whose economic status, in the opinion of their local authorities, will not permit them to provide such service for themselves, to the extent of prenatal care, the detection and correction of dental defects in children, and such other service as is necessary to health and the rehabilitation of both children and adults.



VIII. For the protection of the public, the plan shall provide that the dental profession shall assume responsibility for determining the quality and method of any service to be rendered.

#### RECOMMENDATIONS

Your Committee has considered the five recommendations of the Technical Committee, and, in so far as they apply to dental service, makes recommendations as follows:

I. Expansion of public health and maternal and child health services.  
(A) Expansion of general public health services.

(1) We approve of the general expansion of public health services and in addition, recommend the establishment of a Federal Department of Health with a secretary who shall be a graduate in medicine, and a member of the President's Cabinet; and a first assistant secretary who shall be a graduate in dentistry.

(2) In an expanded public health program which involves a consideration of the expenditure of millions of dollars for public health purposes, your Committee recommends that the problem of dental caries and other dental diseases be included.

(B) Maternal and child health services.

Your Committee approves, provided that dental care of mothers and children be included. It is, of course, understood that the necessary funds will be allocated for these services.

II. Expansion of hospital facilities.

Your Committee recommends that due consideration be given to the inclusion of adequate dental facilities and services.

III. Medical care for the medically needy, and

IV. A general program of medical care.

(1) Your Committee is convinced that, from an actuarial standpoint, satisfactory dental service cannot be rendered under a compulsory health insurance system. We, therefore, do not favor such a plan but do approve voluntary budget plans under professional control which will enable patients to "apportion costs and timing of payments so as to reduce the burdens of (dental) costs and remove the economic barriers which now militate against the receipt of adequate (dental) care." (The word "dental" was substituted by the Committee for the word "medical" in the original quotation.)

(2) The Committee approves the recommendation that such a program should provide for "continuing and increased incentives to the development and maintenance of high standards of professional preparation and professional service."

V. Insurance against the loss of wages during sickness.

Considered without recommendation.

#### CONCLUSION

Your Committee agrees with the Technical Committee's belief, "that, as progress is made toward the control of various diseases and conditions, as facilities and services commensurate with the high standards of American medical practice are made more generally available, the coming decade, under a national health program, will see a major reduction in needless loss of life and suffering — an increasing prospect of longer years of productive, self-supporting life in our population." We also believe that the above state-

ments apply equally to dental practice and that the enumerated benefits would be enhanced by early and regular dental care in childhood.

Your committee offers two final recommendations:

(1) In view of the fact that dental caries is the most prevalent disease of mankind, the American Dental Association strongly recommends that the Federal Government augment, with a comprehensive research program, the efforts of the organized dental profession to determine the cause of this disease.

(2) That in keeping with the first main principle of this report, a committee of five practicing dentists be appointed by the Board of Trustees, together with such technical advisers as the needs of the committee require, to fulfill the provisions of Principle Number 1.

(Signed) HOMER B. ROBINSON,

CRAFT A. HOPPER,  
E. E. VOYLES,  
HENRY C. FIXOTT,  
W. O. TALBOT,  
ALFRED WALKER,  
STANLEY RICE,  
R. J. RINEHART,  
HAROLD W. OPPICE, *Chairman*.

The committee appointed by the Board of Trustees to contact the Government is as follows: Harold Oppice, *Chairman*; C. Williard Camalier, Leroy M. S. Miner, Alfred Walker, R. A. Walls.

The so-called Wagner Bill, S. 1620, was introduced in the Senate on February 28, 1939, and is supposed to embody the provisions to carry into effect this National Health Program. Your Government Committee, as heretofore mentioned, has been giving very careful consideration to this Act and on Sunday met with the *ad interim* Committee of the Board of Trustees for the purpose of determining what attitude the Association should take in relation to the Wagner Bill. It was decided, in general terms, that the Bill is so vague, would bring about such centralization of power, does not stress the necessity for proving individual community needs, and spreads the jurisdiction of health care under so many different agencies, that it would not be workable from an efficiency standpoint and consequently not in the best interests of the public. The Association is, of course, in favor of objectives which will improve the health of the people of the United States but feels that it should be done in a much more efficient manner than is possible under the present terms of the Wagner Act. Some of the general objections to the Act, as outlined by our Committee, are as follows:

## II. a. GENERAL OBJECTIONS TO NATIONAL HEALTH ACT OF 1939

PHILOSOPHY: 1. The entire National Health Act of 1939 is the conception of government officials, because it makes use of the familiar device of merely expanding existing agencies without any attempt to integrate those agencies for more effective and economical service.

LAY CONTROL: 2. In reference to the reorganization measures proposed by the President of the United States, the National Health Act of 1939 would still keep under lay control those medical and dental services that are rendered under the Act. No provision in the Wagner Act makes the seeking or acceptance of professional advice on professional matters mandatory.

COMMUNITY NEED: 3. The health needs of the community are not properly recognized and provisions for meeting these needs are not specific or satisfactory. The problem of health is considered by the Act to be one of a more widespread attack upon isolated diseases and disabilities, most of which are already beneficiaries of a federal program (cancer, tuberculosis and syphilis).

EXPENDITURE AND NEED: 4. There is no evidence, in many instances, that the proposed expenditures are balanced against a specific and demonstrable need.

FEDERAL CONTROL: 5. The Act furnishes a mechanism for compelling state compliance with federal theories and practices in social economics because the federal government has the power to approve or disapprove state plans, grant or withhold federal subsidies.

TAXATION: 6. The Act does not curtail any existing activity of government; therefore the adoption of the Act means increased federal spending and, eventually, increased taxes. Since federal subsidies are at least to be matched by the states, the final result will again be increased taxes or curtailing of those activities now thought to be necessary.

ADMINISTRATION: 7. The Act proposed the establishment of at least eight federal consultative or administrative bodies with a resultant dispersion of efficiency and integration, and with the possible creation of many sets of varying standards. The Act also meditates the use of an extensive body of administrative employees whose salaries shall contribute substantially to the costs of the national health program, and without any insurance that their services are desirable, efficient or necessary.

Through the Act the federal agency may secure funds over and above the needs of an individual state. This surplus is to be distributed to more needy states or returned to the original state. In the latter case the original state received funds it has itself contributed, but in order to get them back must yield some control of its internal affairs to the federal government.

8. The Act authorizes the creation of state and federal advisory boards with a membership from professional, social and related organizations. There is nothing in the Act to require consultation with these advisory boards or to give force to their advice when given. This makes possible the federal acceptance of a state plan that is completely unsatisfactory to the professional advisory body.

**FREEDOM IN STATE PLANS:** 9. Under the title dealing with medical care the Act ostensibly permits the state entire freedom in selecting a plan but actually retains the means to force adoption of federal principles through its right to grant and withhold subsidies.

Thus the federal government, under the Act, could insist on a standard of state medicine or compulsory sickness insurance, as a primary requirement and enforce agreement with that insistence by withholding grants-in-aid. This would also leave the way open for a drastic change of standards with changing national administrations.

## II. b. SPECIFIC OBJECTIONS TO NATIONAL HEALTH ACT OF 1939 FROM DENTAL VIEWPOINT

**DENTISTRY AS A PROFESSION:** 1. The Act does not specifically mention dentistry at any time but includes it under the general term "related services."

**ALLOTMENTS TO DENTISTRY:** 2. There is nothing in the Act to prevent dentistry from being considered as an auxiliary service to be granted funds at the whim of administrative agencies or to be excluded entirely even from the research phases of the proposed Act.

**DIFFERENCES IN MEDICINE AND DENTISTRY:** 3. The Act does not make provision for the fundamental differences that exist between the economic and administrative phases of medicine and dentistry.

**FUNDS FOR DENTISTRY:** 4. The federal government will not participate in state plans (under the medical care title) where the expenditure exceeds \$20 per individual. In view of the costs of even elementary dentistry, this provision definitely will lower the quality of service by reducing fees to a primitive level or it will prevent the inclusion of dental service in any desirable form. The percentage of money available for dental service is not designated nor are any standards established for its determination.

**RULES AND REGULATIONS:** 6. The state agency is given power to make rules and regulations with a "special regard for the quality and economy of such service." 2. This is of importance because the quality of service in dentistry often has a direct relation to the cost because it involves materials (unlike medical diagnosis or psychotherapy) and the skill to manipulate them properly.

The Act also establishes the powerful state agency which need not be under professional control or advice, and gives it the power to establish and maintain "standards of medical care and institutional care and of remuneration for such care." 3. This, in effect, bestows the power to fix fees.

**RESEARCH:** 7. There is no assurance that dentistry will receive funds for research even though no successful, long-range attack upon the



national dental problem can be made unless the cause of caries and methods for its prevention become known.

Our Committee while objecting to this Act, will undoubtedly have an alternative suggestion and I am sure it will be based upon the idea that the Government should first consolidate all of its health activities under one head thus insuring more efficiency in the administration of health services. In this connection I might call your attention to the first plan on Government reorganization proposed in the message of the President of the United States, dated April 25, 1939, the following paragraph of which we are principally interested in:

"The agencies to be grouped are the Social Security Board, now an independent establishment, the United States Employment Service, now in the Department of Labor, the Office of Education now in the Department of the Interior, the Public Health Service now in the Treasury Department, the National Youth Administration, now in the Works Progress Administration, and the Civilian Conservation Corps, now an independent agency."

For some reasons unknown at the present time, and they must be good ones, the Children's Bureau of the Department of Labor is left under that department. However, many persons wonder why this department is not transferred under this set-up in the same manner as the United States Public Health Service. Under this reorganization plan the various departments mentioned above will be grouped under what will be known as the Federal Security Agency headed by a presidential appointee at \$12,000 per annum. He would in all probability be a layman. It is not likely that the Association will oppose the President's Reorganization plan but instead will call the attention of the people to the fact that a logical grouping of all health agencies under one department should be the first step in the interests of efficiency. The ideal would undoubtedly be a Federal Department of Health with a Secretary in the Cabinet who is a physician and a first assistant secretary, a dentist. Whether such a move, at this time, would be successful is beside the point, for it is my opinion that the profession should be progressive and stand for the ideal in the situation. There should be no compromise with the health of the people of the United States, providing changes are made with professional advice and assistance. It is only in this manner that real progress can be made and the health of the people protected. It is my understanding that Government officials, all types of labor groups and other high pressure organizations will appear before the Congressional Sub-committee, on Education and Labor, headed by Senator Murray of Montana, on May 5, 11, 12, 25, and 26, urging the passage of the Wagner Act, while on the other hand the professional groups and others will attempt to show its deficiencies. As far as American dentistry is concerned, it will attempt to hold true to its

professional ideals in this as in every other matter, and will state the truth as it sees it.

As stated before the objectives of the legislation are beyond question but the methods of obtaining them need careful scrutiny.

So I close with an appeal to you to have confidence in your leaders, and in your Association, and to watch carefully the moves of Government as it attempts to extend its activities into your field. Our minds are open but we would resent with all the force at our command, the entrance of politics into the realm of health service. I am convinced that most of the Government officials in Washington are sincere in their efforts along these lines but it is the future and the changing scenes and personalities in our political set-up which causes the greatest concern. I thank you.

*President Hale:*

Doctor Camalier, you know that we are always glad to have you. We feel like you are partly "Tar Heel." We certainly enjoyed your fine presentation and will look forward to seeing you again tonight.

At 4:00 o'clock in this room the House of Delegates will meet.

Has anybody anything to say? If not, the session will stand adjourned.

Meeting adjourned at 3:45 p.m.

## HOUSE OF DELEGATES

### TUESDAY AFTERNOON SESSION—MAY 2

The Tuesday afternoon session of the House of Delegates convened at 4:00 o'clock, May 2, 1939, in the Manteo Room of the Sir Walter Hotel, Raleigh, with the President, Dr. G. Fred Hale, presiding.

*President Hale:*

The House of Delegates will please come to order and the Secretary will call the roll.

The Secretary, Dr. Paul Fitzgerald, called the roll and the following were present:

G. Fred Hale, President.

Frank O. Alford, President-elect.

C. M. Parks, Vice President.

Paul Fitzgerald, Secretary-Treasurer.

#### EXECUTIVE COMMITTEE

D. L. Pridgen

#### ETHICS COMMITTEE

W. L. McRae

#### BOARD OF DENTAL EXAMINERS

John L. Ashby

#### FIRST DISTRICT

Charles McCall

Wm. M. Matheson

E. W. Connell

S. P. Gay

Dennis S. Cook

## SECOND DISTRICT

O. R. Hodgins  
C. A. Barkley  
R. E. Spoon  
C. R. Black  
Homer Guion

## THIRD DISTRICT

R. W. Brannock  
W. R. McKaughan  
A. W. Carver  
E. M. Medlin  
Alex R. Stanford

## FOURTH DISTRICT

C. W. Sanders  
J. W. Whitehead  
H. L. Allen  
E. B. Howle  
W. W. Rankin

## FIFTH DISTRICT

W. T. Ralph  
H. E. Nixon  
Darden Eure  
Fred Hunt  
G. L. Overman

*President Hale:*

I now declare a quorum present and the House of Delegates open for the discussion of any business to come before it.

*Dr. E. B. Howle:*

I suppose the reports are in order.

*President Hale:*

Yes.

*Dr. Howle:*

*Mr. President and Gentlemen:* This is the report of the Commercial Relations Committee.

## REPORT OF COMMERCIAL RELATIONS COMMITTEE

*Mr. President:*

The Commercial Relations Committee begs leave to report the conviction that much good has been accomplished by total inactivity and that conditions no longer warrant the existence of this Committee. We, therefore, recommend its discontinuance.

Respectfully submitted,

R. F. JARRETT,  
Z. L. EDWARDS,  
E. B. HOWLE, *Chairman.*

*President Hale:*

You have heard the report of the Committee. What is your wishes?

Motion made and seconded that report be accepted.

Vote taken and carried.

*Dr. Howle:*

I'd like to give the report of the Extension Course Committee.

# REPORT OF THE EXTENSION COURSE COMMITTEE

*Mr. President:*

The Extension Course Committee begs leave to report that, in view of an apparent lack of interest in an Extension Course during the past year, this Committee has failed to function.

Respectfully submitted,

W. F. BELL,  
J. A. McCLUNG,  
T. W. ATWOOD,  
H. K. THOMPSON,  
E. B. HOWLE, *Chairman.*

*President Hale:*

You have heard the report of the Committee. What will be your pleasure?

Motion made and seconded that report be received. Vote taken and carried.

*Dr. Howle:*

I'd like to give the report of the Legislative Committee.

# REPORT OF THE LEGISLATIVE COMMITTEE

*Mr. President:*

Your Legislative Committee beg leave to report that although we have maintained contact with the Legislative Committee of the A.D.A., nothing of importance has transpired in this connection other than the receipt of information that the final ruling of the courts sustains the cease and desist order in the Heninger Case. This does not mean the immediate end of mail order plates, inasmuch as, the Government cannot prosecute these cases collectively, but it furnishes a precedent for the handling of other individual cases which assuredly will soon follow. The end is near.

Your Committee desires to express its appreciation to Dr. Z. L. Edwards, member of the House of Representatives in the recent Legislature, for his efforts and coöperation in keeping us posted as to the introduction and progress of legislation of interest to the dental profession. We wish also to acknowledge our indebtedness to Mr. I. M. Bailey for timely and valuable legal advice.

Two matters of importance have come to the attention of this Committee.

The first was a bill, S. B. No. 88, introduced in the Senate by Senator Prince which provided for a uniform procedure for the revocation of a license by all boards created in North Carolina "for the purpose of regulating trades, professions or lawful callings" including, of course, the North Carolina State Board of Dental Examiners. This Bill, if enacted into law, would have curtailed the efficiency of the present dental law in that it provided that a licensee deprived of license might appeal to the Superior Court and receive there a trial De Novo.

Your Committee immediately expressed its opposition to the bill and applied to Judiciary Committee, No. 2 for a hearing.

In the meantime, Mr. Bailey contacted Senator Prince and found that it was not his (Senator Prince's) desire to effect any change in the dental law,



but to provide a uniform procedure for certain boards for which no adequate procedure existed at that time. With the assistance of Mr. Bailey, a substitute bill was drawn which in no manner affects the Dental Examining Board and was enacted into law.

The second matter which came up for serious consideration was the question of incorporating the North Carolina Dental Society.

The Executive Committee of the North Carolina Dental Society in Greensboro on August 21, 1938, passed a motion, subject to approval by the Legislative Committee that the North Carolina Dental Society be incorporated recommending that Mr. I. M. Bailey be retained as legal adviser. It appears that Mr. Bailey, when first approached in regard to the matter and before he had studied the proposition in its full legal relation to the Board of Dental Examiners, approved the matter.

The impression prevailing, at that time, among the dental profession was that the legal procedure regarding incorporation was very simple and that members of the incorporated society would be protected against counter suit which might be brought by vengeful defendants as a result of prosecution or testimony by officers or members of the Society.

As a matter of fact it was found, on closer study, that the procedure of incorporation would be quite complicated involving considerable expense (\$150.00 to \$200.00). Application must be made to the Legislature for a charter. After granting of the charter, a meeting of the incorporators must be held for the purpose of organization under the terms of the charter. After that, a transfer of membership from the old society into the new must be effected as regards each individual. All of this would take time and would require that the matter be prolonged, at least, 'till another session of the Legislature.

It was found further that anticipated protection would not be effected. Whether the Society be incorporated or not, a person may bring suit against a member and if it be shown that said member has been guilty of malice, either in prosecution or testimony, such a member is subject to orders of the Court.

Protection of members of the Board of Dental Examiners and of members of the North Carolina Dental Society was given special consideration when the dental law was redrafted in 1935. We are convinced that incorporation would not increase the protection which exists at the present time.

Furthermore, in case of incorporation, the dental law would have to be amended to the extent of converting North Carolina Dental Society wherever it appears to North Carolina Dental Society, Incorporated. The Board of Dental Examiners would have to be endorsed anew in order to perfect legal relations between that body and the new Society. There might arise a time between incorporation of the North Carolina Dental Society and verification of board members in which the board might find itself without legal status.

After due consideration of the difficulties and apparent disagreeable possibilities and in view of the fact that little or nothing would be gained, Mr. Bailey has advised against incorporation. Your Committee recommends that his council be adopted.

Respectfully submitted,

J. N. JOHNSON,

R. M. OLIVE,

A. S. BUMGARDNER,

W. H. CHAPMAN,

E. B. HOWLE, *Chairman*.

*President Hale:*

Gentlemen, you have heard the report of the Legislative Committee. What is your pleasure?

Motion made and seconded that the report be adopted.

Vote taken and carried.

*President Hale:*

Any other Committee reports? I recognize Dr. Jennette.

*Dr. Jennette:*

The Committee appointed to study the advisability of paying a part or all of the expenses of the delegates to the American Dental Association and of the Secretary-Treasurer to the meetings of the State Officers' Association which I believe is an annual meeting.

This Committee recommends:

That the North Carolina Dental Society defray the railroad and Pullman expenses of the four delegates to the annual meeting of the American Dental Association and the railroad and Pullman expenses of the Secretary to the meeting of the State Officers' Association in Chicago each year.

At no time shall the total expenses exceed \$500.

DR. J. N. JOHNSON,  
DR. W. F. BELL,  
DR. C. W. SANDERS,  
DR. J. M. FLEMING,  
DR. R. F. JARRETT.

*President Hale:*

May I ask a question on that, Dr. Jennette? In case at any time the expense did exceed \$500, who should be paid and who should not be paid?

*Dr. Jennette:*

The Committee had in mind it would be prorated among the five delegates, including the Secretary and Treasurer to take the part in \$500 prorated according to the amount it would cost.

*President Hale:*

If we are to act on this Committee report, I think that should be definite. It should be definitely included in that, not what you had in mind.

*Dr. W. R. McKaughan:*

Does he recommend that the North Carolina Dental Society appropriate \$500?

*Dr. Jennette:*

We considered the fact that this year the meeting might be on this coast and the expenses of our Delegates would amount to \$40 or \$50. Next year it might go to San Francisco and the expenses would be about \$125. We tried to keep that in mind and not to allow the Society to pay more than \$500, it to be distributed equally among the five Delegates. If that is not exactly plain, I'd be glad to explain it a little better.

*Dr. R. W. Brannock:*

What about clinicians? That did not include anything toward clinicians?

*President Hale:*

No, sir. As I understand Dr. Jennette's report now we pay the expenses of three or four delegates, their railroad and Pullman fare, to the national meeting and also the railroad and Pullman fare of the Secretary-Treasurer, provided they do not exceed \$500. In case they do exceed \$500, the amount is prorated.

Gentlemen, you have heard the report of this Committee. What is your pleasure?

*Dr. Fred Hunt:*

I move that the report be adopted.

*Dr. Pitt Beam:*

I second that motion.

*Dr. D. L. Pridgen:*

Mr. President, I feel that this is a proposition which is fraught with a great many dangers. If you will investigate into past history of the Society, you will find that once upon a time this Society paid the expenses of the delegates to the American Dental Association and it found it was unworkable, that it almost broke the Society. Now I feel that under our present system, we will get better representation in the American Dental Association than if this proposition is adopted. If it is made known that the Society will pay the expenses of the delegate to the American Dental Association, it will immediately make it attractive to those persons who may desire to go and there will be more or less, you might say, a political scramble for the position of delegate. Furthermore, as one of my friends in a neighboring state has said, it was always true and it will continue to be true that those who are worth anything to the advancement of the profession will be willing to give both time and labor and money to the advancement of the profession. Now, my friend, Dr. Brannock, has just raised a question—would clinicians' expenses be paid? That immediately opens other ques-

tions. Whether clinicians be paid at the American Dental Association—the the same question might be raised as to officers of the State Society, members of the Executive Committee, Program and Clinic committees, Directors who are called upon to meet during the year. Fellows, I am just afraid you are getting into something that will wreck the Society. We have labored hard to build up a little reserve in the Society, and I, for one, would hate very much to see that pass. I'd like forcibly to express my opposition.

*Dr. Medlin:*

I want to endorse the sentiment of Dr. Pridgen. I think it would be a very fine thing if we were able, if we were in a financial position. This Committee speaks of \$500 like I'd speak of \$5.00. Five hundred dollars is a lot of money. I don't know how long we could carry on. We have to consider the membership of the Society. We don't want to jeopardize the financial condition of the Society by this outlay of money. Another thing, I think we must take into consideration—the men who are attending the American Dental Association are getting a great deal of personal good out of it and I don't feel like we should pay their expenses. We can get plenty of other men to attend the meetings and who will pay their own way.

*Dr. Jennette:*

Mr. President, do I have the privilege of the floor?

*President Hale:*

Yes.

*Dr. Jennette:*

Dr. Pridgen, I think your suggestion is well taken. I think you have given it some thought but I might say that I personally feel that you are a little bit wrong there. I think that we owe it to our delegates. We can't expect our delegates to go there and be present at all the meetings of the House of Delegates when they can't attend any of the meetings of the clinics or lectures that are given. It is true that we have had very fine representatives of the state to represent us in our American meetings but if you think a few minutes there are a good many other men who are equally as capable if not more so, as those that have been representing us. Those men that have been representing us are able to go. I remember on two or three occasions there were men nominated who jumped up and said, "I am sorry, but I can't go," and their reasons were they didn't feel like they could afford to go. I am not asking that the Society pay the entire expenses of the men but I think when you pay a man's expenses you are paying that man to represent your Society and that man, I have the feeling, will do everything in his power to represent the Society as it should



be represented and he will be at every single meeting that is called. I believe that in that way we will strengthen our representation in the American Dental Association and that is what we want. Coming down to the expense of it, I may not be exactly right, but I think I may tell you that the North Carolina Dental Society has in the past three years accumulated—if I am wrong I'll ask the Secretary to correct me—accumulated \$1,000 a year over and above expenses. Five hundred dollars wouldn't hurt us. In fact, the representation that we would get from that amount of money would be worth a great deal more than it is costing the Society to pay those expenses.

*President Hale:*

Any further discussion,

*Dr. Fred Hunt:*

Gentlemen, when the matter was presented to me, my first view was the one which Dr. Pridgen so aptly put before you. I felt that a man given this honor should not be expected to have his expenses paid. Upon more serious thought, I realized through conversation with members who have been to the American Association as members of the House of Delegates, that you can't go there just one year and get any representation. You have got to have a man who will probably go back year after year if we hope to get anything accomplished as a state, if North Carolina expects to compete with New York and other states, we have got to have a man, not a good man, but the very best men we can possibly get. If a man takes time from his office and goes to the American meeting and attends these meetings of the House of Delegates, he is not going to be able to get very much from the meeting, from the practical side of the clinics and the programs. I do not see how it will hurt the Society to reimburse these men. We will not be paying for the time, just part of their expenses that they pay out from year to year to go there. You recall yesterday when I seconded Dr. Jennette's motion I asked for an amendment—that was to pay it so long as it would not in any way damage the financial standing of the Society. Any time this is being done, I would be one of the first to feel that we should revoke it. I feel that we owe it to the members whom we select to at least pay railroad and Pullman fare.

*President Hale:*

Any further discussion?

*Dr. W. F. Bell (Asheville):*

*Mr. Chairman, and Members of the House of Delegates:* We discussed this thing thoroughly. It was not our intention to recklessly recommend expenditures of the Society's funds but the importance of a delegate cannot be overestimated to the Society. We don't need men

that can go one year or two but men that can keep on going year after year over a long period of time where they can build up a background and the men who represent the North Carolina Dental Society in the House of Delegates are not going to get an opportunity to attend the clinics. They are going there for work and we felt if they were going to represent the Society and going to do that work for the Society, that we should perhaps reimburse them to the extent of their railroad fare. We do not recommend that we pay the entire expenses of these delegates but we do feel that paying the expenses of the railroad ticket would at least encourage a man to give the greatest effort toward carrying out the duties of the delegate. I believe that if the organization continues to have a balance in the bank that we could lay aside this amount of money. Ordinarily, it would not take \$500. I believe the average expenditure would be around \$65 apiece, but we had to put a limitation somewhere so we put it \$500 in case the meeting was called in a far western state. Now the Secretary—it is quite essential that he go to the Officers' meetings and we felt that his expenses should be paid. We were all unanimous on that and after some discussion some of us weakened on the proposition of paying the full expenditures of the delegates and decided to pay the railroad expenses which I think is as little as this organization could do for those men who contemplate giving their time.

*President Hale:*

Any further discussion?

*Dr. C. M. Parks:*

Mr. President, one other point, that has occurred to me. Dr. Jennette's committee put a limit of \$500 on it. Now except in the instances where possibly the meeting is held in California or some far western state, it won't take \$500, every year and in that instance—in other words, it wouldn't cost the State Society \$500 every year. I am not committing myself one way or the other as to whether it is feasible or not.

*Dr. Jennette:*

May I answer that?

*Dr. Jennette:*

Doctor, it will not ever exceed \$500. If the expense is \$200, that is all the Society pays. If it goes beyond \$500, the Society only pays \$500 of the amount.

*President Hale:*

Any further discussion?

*Dr. Pridgen:*

Mr. President, just one other point I'd like to make. After all, North Carolina is not so far out of line with the great majority of states in regard to this matter. The letter read from Dr. Lynch on yesterday stated 33 states out of the Union paid nothing to their delegates. I, personally, feel that if this Society has built up such a surplus in the Treasury that it can afford to pay the expenses of the delegates to the American Dental Association, instead, it had better reduce the dues to its members.

*Audience:*

Amen.

*Dr. Cook:*

I would just like to know here, as a matter of fact just what our surplus is. Have we built up a surplus and is it sufficient to pay these expenses?

*President Hale:*

Doctor, we have a surplus but I don't think it is the intention of the Committee to go into the surplus. As a matter of fact, we have a limitation where one administration cannot spend any more money than it takes in for the current year, so the reserve we have built up has nothing to do with this.

Any further discussion? Are you ready for the question?

All in favor of this, make it known by standing, please. (Count of three.) All opposed, please stand. (Count of nineteen.) Three in favor and nineteen against.

Any further reports?

*Secretary Fitzgerald:*

Dr. Branch had to go to Greensboro today to attend a meeting of the Officers of the Board of Health and he handed me the report of the Oral Hygiene Committee.

Dr. Fitzgerald read the report for the Committee.

#### REPORT OF ORAL HYGIENE COMMITTEE

National attention was attracted to the Dental Program of the North Carolina State Board of Health by the Mouth Health Education exhibit which won the first award at the meeting of the American Dental Association in St. Louis last October. This exhibit was a miniature classroom with a dentist at the blackboard teaching Mouth Health to a group of children. This group of children represented approximately 200,000 children that will be taught in their classrooms by the thirty dentists on the staff of the Division of Oral Hygiene during this school year.

In this exhibit there were sample sheets of our educational follow-up material that the dentists leave with the teachers. There were also copies of

the news releases which are incorporated in the mimeographed school newspapers and which go into about 30,000 homes every two weeks.

Perhaps the greatest achievement for the year is the completion of the Bibliography of Health Materials which has been worked out in conjunction with the Department of Education of the University of North Carolina and is being made available, without cost, to the teachers.

The dentists on the staff of the Division of Oral Hygiene have inspected the mouths of approximately 175,000 school children between the ages of six and thirteen. Of these, they have done the necessary dental work for about 70,000 underprivileged children and have referred the others who were in need and of dental attention to their family dentists.

In addition to their teaching in the classrooms the dentists on the staff have lectured to Civic Clubs, Parent-Teacher Associations and other groups.

The Division of Oral Hygiene expects to conduct its School of Public Health Dentistry at the University of North Carolina again this summer.

Respectfully submitted,

ERNEST A. BRANCH, *Chairman.*

*President Hale:*

You have heard the report. What is your pleasure?

*Dr. Whitehead:*

I move its adoption.

*Dr. Rankin:*

I second the motion for its adoption.

Vote taken and motion carried.

*President Hale:*

Any further Committee reports?

*Secretary Fitzgerald:*

I have the report of the Socio-Economics Committee of the North Carolina Dental Society. This was submitted by Dr. Hunt because he would be absent from the meeting.

Dr. Fitzgerald read the report.

#### SOCIO-ECONOMICS COMMITTEE

Your Socio-Economics Committee wishes to report that very little activity has taken place in the state since our report of last year except as is shown in our report to the Economics Committee of the A.D.A. in February 1939.

A copy of that report is attached.

District 5

North Carolina

F. L. HUNT.

General conditions are good.

Wake County, in which is located the city of Raleigh, has a complete plan for dental health education, under the County Board of Health. The director of the Department of Oral Hygiene is responsible for:

1. Examination of all public school children and notification to parents of work needed.



2. Rendering emergency service to inmates of the county home, tuberculosis hospital and county jail.

3. Provide dental service to children of families on relief up to thirteen years of age. No child can receive service without a written statement from the County Welfare Department.

The Raleigh Dental Society Health Service renders emergency dental care to the indigent of Wake County. All patients are referred by authorized social service societies. All fees are in accordance with the fee schedule proposed by the State Relief Administration and agreed to by the N. C. Dental Society. All fees paid for the work are retained by the Society and used to provide more relief work. This fund has been used to equip a Dental Operating Room at the Rex Hospital in Raleigh. This room is open to all ethical dentists and is assigned just as is any surgical operation room in any hospital. The plan seems to be very good and shows that a great deal of emergency and relief work is being done by the profession for which the dentists are receiving no remuneration.

I believe your Committee should formulate a plan to provide care for the indigent and perhaps the low income groups. Make it definite and be prepared to fight for it."

Your Committee is now engaged in making a survey of the dental needs of adults in the state. We are interested chiefly, in the dental needs of adults, both male and female, who are on relief or who are working for one of the alphabetical agencies.

Respectfully submitted,

F. L. HUNT, *Chairman Socio-Economics Committee.*

*President Hale:*

Gentlemen, you have heard the report of the Socio-Economics Committee. What is your pleasure?

*Dr. Howle:*

Mr. President, what does this mean—that we accept this report. It seems to contain some right alarming statements to me.

*President Hale:*

This last paragraph certainly opens a question as to what the intent is, "I believe your Committee should formulate a plan to provide care for the indigent and perhaps the low income groups. Make it definite and be prepared to fight for it."

*Dr. Howle:*

Does that mean if we vote to accept that report that we are to adopt the plan?

*Secretary Fitzgerald:*

I am of the opinion that the Socio-Economics Committee is merely making a suggestion in this. That is my opinion.

*President Hale:*

If you adopt his suggestion, you are more or less adopting his plan, as I see it.

*Dr. Eure:*

I don't know whether they had studied it to any great extent. It seems vague to most of us. I'd like to suggest that perhaps a committee be appointed to investigate.

*President Hale:*

This is the report of the Socio-Economics Committee.

*Dr. Eure:*

I withdraw my suggestion.

*Dr. Howle:*

It looks like lots of dynamite there to me. I am teetotally opposed to a program of taking care of the indigent of the state. I move that we reject that part of the report.

*President Hale:*

Do you move to accept the report but do not have to abide by its findings?

*Dr. Howle:*

That would suit me.

*Dr. Guion:*

What it is going to mean is that you will accept the report as information only.

*Dr. Howle:*

I accept that suggestion.

*President Hale:*

You have heard the motion that we accept the report as information only.

*Dr. Alford:*

I second that motion.

*President Hale:*

Any discussion?

Vote taken and motion carried.

*President Hale:*

Any other reports?

*Dr. A. Pitt Beam:*

This is a resolution relative to the increase in American Dental Association dues.

## A RESOLUTION RELATIVE TO THE INCREASE IN A.D.A. DUES

WHEREAS, the House of Delegates of the American Dental Association will be required to vote on the proposal of a two dollar increase in dues to the American Dental Association as provided in an amendment submitted at the annual session of the American Dental Association held in St. Louis, in October 1938, and

WHEREAS, the members of the American Dental Association House of Delegates representing the North Carolina State Dental Association should be informed as to the desires of the members of the North Carolina State Dental Association relative to the contemplated raise in dues, and

THEREFORE, BE IT RESOLVED, That the Resolutions Committee in view of the present status of dentistry in the United States, realize that the American Dental Association should have an increase in funds available to carry on the proposed program.

HOWEVER, looking toward the best interests of the North Carolina State Dental Society, we do not favor the increasing of the dues at this time.

Respectfully submitted,

A. PITT BEAM,  
J. S. SPURGEON,  
L. J. MOORE,  
E. M. MEDLIN.

*Dr. Bumgardner:*

I move the resolution be adopted.

*Dr. W. T. Ralph:*

I second his motion.

*President Hale:*

Any discussion?

*Dr. Billy Bell:*

I just talked toward spending some funds here and was very unfavorably received. I hesitate to speak again along those lines. The American Dental Association does a tremendous work. If they continue to do this work, they must have funds. If the American Dental Association is to carry on with the same increase in the next fifteen years in the advancement of dental progress as has taken place the previous fifteen years, they will need greater funds. We cannot expect to progress, we cannot expect to carry on a department of research, Bureau of Standards and this Council on Therapeutics, Educational Council—there are a whole lot of projects that the American Dental Association is trying to carry on and to have funds to do that, they will have to increase the dues \$2.00. They dipped into the Treasury, I believe, more than \$20,000 this year. That was to cover the expenses of an exhibit at the Frisco Exposition and at the New York Exposition. We won't have that expense next year but we will have additional expenses for your Council on Education, Council on Therapeutics, and \$2 is not going to mean so very much

to each individual man. With the \$2 the American Dental Association contemplates issuing additional Journals dealing with the technical side of dentistry and the other with the scientific side. Articles read before the American Dental Association at one meeting are unable to be published until about a year they are running so far behind with their publications so \$2 won't mean so very much to any one person but it will mean a tremendous amount for the American Dental Association when totaled and I believe that every member will get in return far more than just the \$2 in value for the \$2 expended.

*President Hale:*

The resolution is not to increase the dues. If there is no further discussion, all in favor of the resolution, please vote "aye." Opposed, "no." (Two no's.)

Any further reports?

*Dr. W. W. Rankin:*

I have a report that doesn't require financial discussion, I believe.

In the latter part of February the General Arrangements Committee met with the various committees to formulate plans for the 65th annual convention of the North Carolina Dental Society in Raleigh.

The Program Committee made a careful study of the ways and means of putting on a program that would be educational, entertaining, and in keeping with the organization. This Committee has been successful in securing quite a number of outstanding clinicians in the Dental profession.

The Hotel Sir Walter was secured as headquarters for the meeting. Various members of the General Arrangements Committee provided for the necessary clinical equipment.

Dr. Royster, as Chairman of the Entertainment Committee, arranged a program for the ladies, such as a bridge party, a sight-seeing tour of the city, etc. He also made arrangements for a very delightful banquet followed by a dance in the Virginia Dare Ballroom.

The Golf Committee saw to it that the members of our organization who think they can play golf had a wonderful opportunity to display their skill on the golf course at the Carolina Country Club. Prizes for the best score were presented at the banquet.

On behalf of the General Arrangements Committee I wish to thank the members of the local society, their wives, the donors of prizes, all committees, and individuals, who had any part in making this a very successful meeting.

Respectfully submitted,

W. W. RANKIN, *Chairman*,  
General Arrangements Committee.

*President Hale:*

Gentlemen, in voting on this—do I hear a motion for adoption?

*Dr. Alford:*

I move it be adopted.



*President Hale:*

Before we vote—it doesn't cost anybody a nickel in the Society.  
Vote taken and motion carried.

*President Hale:*

Any more Committee reports?

*Dr. Sheffield:*

This report is of the Editor-Publisher for 1938-1939.

		Cash in Guilford National Bank, July 22, 1938..\$	91.10
1938		RECEIPTS FROM ADVERTISEMENTS	
Aug.	27.	Refund from State Sec. for 800 envelopes	
		Proceedings issue of the Bulletin.....	10.65
Oct.	14.	Corega Chemical Co.....	7.84
		Merrimon Insurance Agency.....	8.00
		R. & R. Dental Laboratory.....	15.00
		Raleigh Dental Laboratory.....	25.00
		Rothstein Dental Laboratory.....	15.00
		Powers & Anderson Dental Company.....	25.00
		Woodward Prosthetic Co.....	25.00
		Keener Dental Company.....	15.00
		Thompson Dental Company.....	25.00
		Harris Dental Company.....	25.00
Oct.	27.	Greensboro Dental Laboratory.....	8.00
		Pycope Incorporated .....	24.50
Nov.	14.	Noble Dental Laboratory.....	8.00
		Fleming Dental Laboratory.....	15.00
Dec.	29.	Charlotte Dental Laboratory.....	25.00
1939			
Jan.	24.	R. & R. Dental Laboratory.....	8.00
		Central Dental Laboratory.....	8.00
		Thompson Dental Company.....	25.00
		Merrimon Insurance Agency.....	8.00
Jan.	27.	Woodward Prosthetic Company.....	25.00
Feb.	6.	Corega Chemical Company.....	7.84
Feb.	7.	Raleigh Dental Laboratory.....	25.00
Feb.	14.	Keener Dental Supply Company.....	25.00
		Powers & Anderson Dental Company.....	25.00
		Rothstein Dental Laboratory.....	15.00
		J. Bird Moyer Company.....	8.00
Feb.	22.	North State Laboratory (1938 account).....	8.00
Mar.	3.	Charlotte Dental Laboratory.....	25.00
Mar.	14.	S & W Cafeteria.....	8.00
		Bland Hotel .....	8.00
		Horton Dental Laboratory.....	8.00
		Spakes Dental Laboratory.....	8.00
Mar.	16.	Fleming Dental Laboratory.....	15.00
		Buran's Dental Laboratory.....	25.00
Apr.	13.	Woodward Prosthetic Company.....	25.00
		Raleigh Dental Laboratory.....	25.00
		Powers & Anderson Dental Company.....	25.00

		Rothstein Dental Laboratory.....	\$ 15.00
		R. & R. Dental Laboratory.....	8.00
		Carolina Dental Supply.....	8.00
Apr.	15.	Merrimon Insurance Agency.....	8.00
		Thompson Dental Company.....	25.00
		Austen Laboratories, Inc.....	25.00
Apr.	18.	Fleming Dental Laboratory.....	25.00
Apr.	20.	Corega Chemical Company.....	8.00
		Harris Dental Supply Company.....	25.00
Apr.	24.	Ray-Lyon Dental Company.....	25.00
Apr.	28.	Washington Dental Laboratory.....	25.00
May	11.	Sir Walter Hotel.....	25.00
		Weber Dental Manufacturing Company.....	15.00
		Miller Dental Laboratory.....	8.00
		Sir Walter Hotel Garage.....	8.00
May	15.	Central Dental Laboratory.....	8.00
May	19.	Rogers Brothers .....	8.00
		Carolina Hotel Company.....	8.00
May	31.	Keener Dental Supply Company.....	25.00
July	6.	Coöperative Dental Laboratory.....	25.00
		Noble Dental Laboratory.....	8.00

\$1,062.93

DISBURSEMENTS 1938-39

1938

Aug.	15.	J. W. Coleman, Postmaster, Mailing Proceedings .....	\$ 7.50
Aug.	17.	Fisher Printing Co., second sheets, carbon paper, etc. ....	3.55
Aug.	19.	Stamps and Postal Cards.....	3.25
Aug.	30.	Postmaster, Stamps .....	3.00
Oct.	3.	Postmaster. Stamps for statements, returning Photos. ....	3.00
Oct.	13.	Manning Engraving Co., Cuts, October issue..	26.77
Nov.	1.	Fisher Printing Co., October issue.....	244.50
Nov.	10.	Dr. H. B. Pinney, 800 Dental Relief Seals.....	8.00
Nov.	25.	Stamps and Postal Cards.....	3.25
Nov.	25.	S. T. Wyrick Co. Duplicator for Postal Cards..	8.76
Dec.	16.	Manning Engravers, Zinc Cut.....	2.59

1939

Jan.	16.	Postmaster, Deposit for mailing January Issue Bulletin .....	5.00
Jan.	28.	Postmaster, Stamps .....	3.00
Jan.	28.	Dr. O. W. Brandhorst, Dues 1939, A.A.D.E.....	5.00
Feb.	4.	Telephone and Telegraph.....	16.35
March	1.	Fisher Printing Co., January Issue Bulletin..	200.00
March		Fisher Printing, Balance on January issue.....	70.00
April	7.	Cash, stamps, mailing cuts, statements.....	5.00
April	14.	Manning Engravers, Cuts, April issue.....	25.63
April	27.	Postmaster, Deposit, Balance on mailing April Bulletin .....	1.13
April	13.	Fisher Printing Company.....	32.23

May	24.	Fisher Printing Company.....	\$	294.33
May	25.	E. P. Goeghegan, Box Carbon Paper.....		1.60
		Bank Charges .....		1.00
				<hr/>
				\$ 974.34
Cash in Guilford National Bank July 1, 1939.....				88.59

## UNCOLLECTED ACCOUNTS

1939	Vaught Dental Laboratory.....	\$	8.00
April	Hotel Raleigh .....		8.00

*President Hale:*

Gentlemen, you have heard the report of the Editor-Publisher. What is your pleasure?

*Dr. Sanders:*

I move it be received.

*Dr. Black:*

I second the motion.

Vote taken and carried.

*President Hale:*

Dr. Sheffield, I think it carries with it the thanks of this organization for your very fine work. (Applause.)

Any further committee reports?

*Dr. Brannock:*

I want to report for the Clinic Board of Censors. The Clinic Board of Censors found the clinics of a high type, and a credit to the Society and after consideration of the different clinics decided the following should represent the North Carolina Dental Society at the American Dental Association meeting in Milwaukee.

Drs. Ralph D. Coffey, and  
Ralph L. Falls, Morganton  
Dr. A. C. Current, Gastonia  
Dr. K. L. Johnson, Raleigh  
Drs. Theodore W. Attwood and  
Norman Ross, Durham  
Dr. L. F. Bumgardner, Charlotte

Respectfully submitted,

GUY M. MASTIN,  
R. W. BRANNOCK,  
J. J. TEW,  
J. H. SMITH,  
R. C. WEAVER.

*President Hale:*

Gentlemen, you have heard the report of this Committee. What is your pleasure?

*Dr. Whitehead:*

I move we accept it.

*Dr. Rankin:*

I second the motion.

*President Hale:*

It has been moved and seconded that the report of the Committee be accepted. All in favor, please vote "aye." Opposed, "no."

Any further Committee reports?

*Dr. Daniel T. Carr:*

I have the report of the State Institutions Committee.

#### REPORT OF STATE INSTITUTIONS COMMITTEE

Your State Institutions Committee respectfully submits the following report:

So far as your committee can determine, the following institutions have whole-time dentists:

State Hospital, Raleigh; State Sanatorium, Sanatorium; State Hospital, Goldsboro.

Those having part-time dentists or dental work being taken care of by dentists in nearby towns are:

State Prison, Raleigh; Samarcand Manor, Eagle Springs; State Hospital, Morganton; Orthopedic Hospital, Gastonia; School for Deaf and Dumb, Morganton; State Farm Colony, Kinston; Caswell Training School, Kinston.

Those being taken care of by the State Board of Health are:

Jackson Training School, Concord; Eastern Training School, Rocky Mount; State School for Blind, Raleigh.

The following institutions report dental services not adequate:

State Hospital, Morganton; State Prison, Raleigh.

The committee would like to recommend that dental work in these latter institutions be taken care of in some way.

Also, the committee feels that considering the modern office space being constructed at the State Hospital in Goldsboro, and that the dental equipment now in use is wholly inadequate and unfit for modern dental use we recommend:

That the dental equipment be modernized along with the medical equipment.

We further recommend that the services of dentists' employed by State Institutions be limited to inmates, and that his salary be raised at least to that of the lowest paid physician.

Respectfully submitted,

DANIEL T. CARR, *Chairman*,

HERBERT SPEAR,

I. H. HOYLE,

J. H. WHEELER,

C. A. PLESS.

*President Hale:*

Gentlemen, you have heard the report of this Committee. What is your pleasure?



*Dr. Alford:*

I move it be adopted.

*Dr. Bumgardner:*

I second the motion.

*President Hale:*

Any discussion on it? If there is no discussion, all in favor of it, please vote "aye." Opposed, "no." The motion is carried. Thank you, Dr. Carr.

*President Hale:*

If there is no further business to come before this session of the House of Delegates, it will stand adjourned.

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## BANQUET—TUESDAY EVENING, 6:30

### SIR WALTER HOTEL

INVOCATION by Dr. H. E. Spencer, Duke University: For friendship, for fellowship, for the many joys and pleasures in our daily lives, our Heavenly Father, we are grateful. Grant us Thy gracious presence at this dinner. Help us to rededicate ourselves anew to the service of mankind, for Christ's sake. Amen.

*President Hale:*

Mr. Theodore Johnson will act as Toastmaster for the evening.

*Toastmaster Johnson:*

Will Dr. Victor Bell come to the microphone?

*Dr. Victor Bell:*

Mr. Toastmaster, Ladies and Gentlemen: I have already been warned by Fred Hale to make it short and snappy. I promised that I would. But I have got him where I want him and will say whatever I please whether he likes it or not. So many times have I heard him say, "Anything that is worth doing at all is worth doing the best that it can be done." In his life and in his work any job that he has to do, no matter how large or how small, it is done the best it is humbly possible for him to do it. When we made him President-elect of this Society he did that job the best that it could be done and then when he became President he did that job with the same enthusiasm and determination to do it well and he has left no stone unturned to make this meeting a success. And so, Fred, for your fine service and loyalty, I have the honor of presenting this past president's emblem to you from the members of the North Carolina Dental Society as a token of our appreciation, love and

friendship, of which, I am sure you are justly proud. You will accept it and wear it I know with all the honor and dignity that it symbolizes. (Applause.)

*President Hale:*

Mr. Toastmaster, Dr. Bell, Members of the North Carolina Dental Society and Guests: I realize that occasions of this kind call for just such talks as Dr. Bell has made and I am glad, of course, that he did not deviate from tradition too much. He represented what I would like to be and not what I am. I know my labors in the North Carolina Dental Society for the past year are not distinguished by marks of great achievement but I do know that I have made a sincere effort. I accept the token as an incentive to work on as diligently as I can the rest of my life and the best that I can. I thank you from the bottom of my heart.

*Toastmaster Johnson:*

I am very happy tonight to present Dr. C. Willard Camalier, Past President of the American Dental Association, whom I am sure has an interesting message for us. Dr. J. Martin Fleming please come forward.

*Dr. Camalier:*

Mr. Toastmaster, Ladies and Gentlemen, I am here tonight to perform a function which is a great pleasure to me to attempt to do. I don't know why I have been selected to do this except as I have stated already I feel that I must be connected with the North Carolina Dental Society. Being past president of the American Dental Association, naturally, we are all held together by a very common bond. When I came this morning—by train—I didn't come by plane—the first thing that struck me was the very fine atmosphere here concerning something accomplished by one of your great men. I refer to this fine publication by Dr. Martin Fleming, the History of Dentistry in North Carolina. I have seen the book. He has very kindly presented me with a copy. I haven't had a chance to read it thoroughly but it looks like a very fine masterpiece. He not only performed a service to the Society of North Carolina—we know he is a Rock of Gibraltar in the organization. Organizations of this kind always have someone upon whom they can depend. Dr. Fleming is this type of man in dentistry. He has not only done something for North Carolina but for the dentists throughout the United States.

Dr. Fleming, your confreres here and your friends who love you so much in North Carolina make you a slight presentation as a token of what you have done for your profession in the past, so I'd like to read this to you and to the assembled guests: "Dr. John Martin Fleming, D.D.S., F.A.C.D. For distinguished service to the dental profession

in North Carolina, as a member of the profession and as historian of the Society. This scroll is affectionately presented by the North Carolina Dental Society and is signed by the Executive Committee, President and Secretary. This the 2nd day of May 1939."

Dr. Fleming, I present this to you with the love and respect of your confreres and also the American Dental Association. (Applause.)

*Dr. Fleming:*

Dr. Camalier, I don't know anyone whom I would appreciate it coming from more than through your hands. I appreciate the friendship of the friends who have made it possible for you to present this. I thank you from the bottom of my heart. (Applause.)

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## BUSINESS MEETING, EIGHT O'CLOCK TUESDAY EVENING

The General Business Session of the North Carolina Dental Society was called to order in the Manteo Room of the Sir Walter Hotel at eight o'clock Tuesday evening, May 2, 1939, by the President, Dr. G. Fred Hale.

*President Hale:*

I wish first to announce the Election Committee: Dr. J. A. Sinclair, Dr. D. T. Carr, Dr. Burke Fox, Dr. Junius Smith, Dr. Howard Branch, Dr. S. L. Bobbitt, Dr. O. R. Hodgin; Dr. Sinclair as Chairman.

The order of business tonight is the election of officers. We are going to vote, as usual, by the adding machines. You must either show your badge or your registration card. Is that clear? Either show your badge or your registration card or get a certificate from your District Society Secretary.

Nominations are now in order for President-elect of the North Carolina Dental Society. I recognize Dr. A. Pitt Beam.

*Dr. Beam:*

Mr. President, Members of the North Carolina Dental Society, Ladies and Gentlemen: I would like to put in nomination the name of a man whom we all know personally, not only personally, but for the work that he has done in our State Society. He has served well, on every committee that he has been placed upon, with devotion, he has done the best he could, he would make a good man on any type of program, he has been a good man on the Executive Committee for the past three years, he has served with distinction and honor, he has served for the past year as Vice President and I would not hesitate in any manner whatsoever for I think that Claud Parks will serve us with honesty, uprightness and justice. Could I say more? I take pleasure

and consider it an honor and a privilege to nominate Dr. Claud Parks, of Winston-Salem, as President-elect. (Applause.)

*Dr. Fred Hunt:*

Mr. President: Nineteen years ago I entered Atlanta Southern Dental College as Freshman. There was a Sophomore there who was always friendly and helpful to the members of my class. We all liked him. During my next year, it was my privilege to room in the same hotel with him. Naturally, I had occasions to see him frequently. The more I saw of this man the more I liked him. I found him to be straight forward, an honest, upright student. He was not only a good student, he was also active in all the activities of the College. He was thought well of not only by the student body but also by all the members of the faculty. Upon graduation, this man did not cease activity. He immediately upon entering into practice linked himself with the Local, District and State Societies, and he served all those with distinction. I have known this man, for nineteen years. I have never heard anything from any person except what was good. This man is not an office seeker. I am not a politician. This is the first time I have ever asked any man to vote for anybody. It is probably the last time if I live to be 65, but he is a man if you elect, will take his responsibility seriously and he will carry out the duties of his office as they should be carried out and he will serve with distinction not only to himself but to the North Carolina Dental Society. It gives me a great deal of honor and pleasure to second the nomination of Dr. C. M. Parks.

*President Hale:*

Dr. E. M. Medlin is recognized.

*Dr. Medlin:*

Gentleman of the North Carolina Dental Society and Friends: To start with, I want to pay my respects to Claud Parks. I have no better friend in the North Carolina Dental Society than Claud Parks or the friends of mine in the Second District Dental Society. Gentlemen, the Third District Dental Society, in my mind, should have this honor. We have been passed up twice and I consider justly so. Dr. Fred Hale served so ably as Editor Publisher of the *Bulletin*; Dr. Alford being long our efficient Secretary, so for two years we have stepped aside for these men but that is no longer necessary. We have a man in the Society who deserves this position, a man who is capable of filling it as well as any man in the State Society. My nominee for this office is Dr. W. F. Clayton, of High Point. I cannot go and enumerate all the fine things Dr. Clayton has done for the simple reason that he has been a loyal member of this organization for 32 years. Dr. Clayton has given clinics all over the country. He has appeared before the Chicago Mid-winter Clinics, he has appeared be-



fore the American Dental Association twice, he has appeared before our State Society and our District Societies several times. He is past president of the Guilford County Dental Society, past president of the Third District Dental Society, he has served on the Executive Committee of the North Carolina Dental Society. All of these positions that he has held he has filled with great efficiency. Dr. Clayton is a modest, retiring Gentleman. He stands for all the high ideals of life, of what we, as dentists, should stand for. I wish every member of this organization could know Dr. Clayton personally because to know Dr. Clayton is to love him and honor him. I wish every member of this Society knew the high esteem in which Dr. Clayton is held by the men in the Third District and particularly his neighbors in Greensboro and High Point. He is a man truly of great honor among his neighbors. I present Dr. Clayton.

*President Hale:*

I recognize Dr. Phin Horton.

*Dr. Horton:*

I will grant everything you gentlemen just said about Dr. Clayton. He is a fine gentleman and all that. I want to say this—I have known Claud Parks many, many years. He was a contemporary of Ham. Horton whom probably some of you recall. He was with him quite a while. He has practiced in the same building with me for a number of years. We are neighbors. We practice in a neighborly sort of way. When one runs out of something, we don't hesitate to go and borrow from the other. I want to say he is a square shooter. He always works for the good of the Society. Any time you want to call on him for anything that pertains to the good of the North Carolina Dental Society, you may call on Claud Parks and he will be there with the goods.

*President Hale:*

I recognize Dr. J. A. McClung.

*Dr. McClung:*

Mr. President, Members of the North Carolina Dental Society: I wish that I were an orator. That, as you know, I am not, although it is a pleasure to stand before you and make a few remarks in behalf of Claud Parks. I have known him, like Dr. Horton, ever since I have practiced dentistry. I have known him to be a square shooter with every individual with whom he comes in contact. I have worked with him on various committees. I have ridden with him over miles of road attending meetings of the North Carolina Dental Society and the District Societies. As Dr. Beam said when he made his nomination, he has served on practically every Committee in the District and done it

well. He is a hard worker and I want to tell you his heart is with the North Carolina Dental Society. We have tried to tell you some of his qualifications. We can't begin to tell you all the qualifications he has. If you make him President-elect of the North Carolina Dental Society, I will stand by the statement that he will more than measure up to the responsibilities placed upon his shoulders. Thank you, Mr. President. (Applause.)

*President Hale:*

I recognize Dr. E. G. Click.

*Dr. Click:*

Mr. President, Gentlemen of the Society: We meet difficult situations all through life. We have friends everywhere we go. We are placed in the position so often to decide between two friends. If it were just possible to have two Presidents, it would be a very easy matter to decide. If we could make both men President, it would be a fine situation. But we have to decide between the two. Claud Parks was raised in my town and is one of the finest boys I ever knew. He will make a fine President in spite of the fact that he now lives in Winston-Salem. This man Clayton is one of the best friends I ever had. He is a classmate of mine. I have known him all down through the years. I never knew a better man. He is one of the best friends I ever had. Whether he is a friend of mine it makes no difference. I wouldn't vote for a friend of mine to be President of this Society because he was a friend of mine. I'd have to know that he'd make a real President. I feel like, Gentlemen, if you elect Walter Clayton to this position, you will make no mistake. He is the kind of man that should be President of the North Carolina Dental Society. I take great pleasure in seconding the nomination of Dr. W. S. Clayton for President-elect.

*Dr. C. T. Wells:*

We have two good men before the Society and we have had two good speeches. I'd like to make a motion that we close the nominations and vote.

*President Hale:*

Do I hear a second?

*Member:*

I'd like to second that motion.

*President Hale:*

It has been moved and seconded that the nominations close. All in favor, please vote "aye." Opposed, "no." Everybody please be seated except the tellers. Dr. Sinclair, will you please prepare the ropes. Dr. Bobbitt and Dr. Rankin will hold the line here. Everybody on

this side of the line will have to have a membership card or badge or be certified by the Secretary of his District before he can vote. Pass through this door in the rear and the tellers will show you how to vote. Tell me when you are ready, Dr. Sinclair. Go through that door and come back here.

Gentlemen, while we are waiting on a report from the Chairman of the Election Committee, a nomination for Vice President is in order.

*Dr. Ralph Jarrett:*

Mr. President: We have had a great assembly here, the largest attendance of the North Carolina Dental Association. We have had one man on our entertainment committee that has spent a great deal of time on it. I want to nominate one of the finest boys in North Carolina and his name is Royster Chamblee, for Vice President and I hope we will honor this gentleman as we should by having no one run against him.

*Dr. Bob Olive:*

Mr. President, I'd like to take this opportunity to second Dr. Ralph Jarrett's nomination. I have been knowing Dr. Chamblee for a number of years. I know he is an outstanding dentist, conscientious and ethical. I have had the honor of working with him in clinics. He is a man who will lend dignity to the position.

*Dr. Z. L. Edwards:*

I move that the rules be suspended and that we vote by acclamation.

*Dr. S. E. Moser:*

I second that motion.

Vote taken and Dr. Chamblee elected.

*President Hale:*

Mr. Secretary, will you please cast the ballot for the Society.

*Secretary Fitzgerald:*

Dr. Chamblee, stand up, please. It gives me great pleasure to cast the vote of the North Carolina Dental Society to Royster Chamblee.

*Dr. Chamblee:*

I really didn't prepare a speech for this occasion because it has come as a great surprise. I appreciate the honor a great deal. I thank you. (Applause.)

*President Hale:*

We will now have the report of the Election Committee on the President-elect.

*Dr. Sinclair:*

Mr. President, your Society has elected Dr. C. M. Parks as your President-elect.

*Dr. Clayton:*

Members of the North Carolina Dental Society: It is our pleasure and privilege to live in a democratic community and we have the pleasure of serving in the North Carolina Dental Society also in a democratic institution, an institution in which the majority rules. We are always anxious to come up to the night of the election, each man coming enthused with the idea of supporting his candidate. We have come to this meeting tonight. The majority has spoken. At this time it is customary and for the best to forget the vanquished and swear allegiance to the victor and I, at this time, desire to make a motion that we give a standing vote and make this election unanimous. (Applause.)

All stand and continued applause.

*Dr. Phin Horton:*

Mr. President.

*President Hale:*

All right, Dr. Phin.

*Dr. Horton:*

I want to move that the Society stand in honor of Dr. Clayton, who has so graciously bestowed the laurels on Dr. Parks.

*Dr. Fred Hunt:*

I second that motion. (Applause.)

*Dr. Parks:*

President Hale, Fellow Members of the North Carolina Dental Society: I hardly know how to express a thank you for what you have done, for honoring me in this way. It is not the fact that I have been elevated to this position of honor that I appreciate so much, it is the fact that you have shown your faith and confidence in me in this way. I want to thank you from the bottom of my heart. I pledge you the best that is in me and ask your support and coöperation as I try to fill this office and I want to thank Dr. Clayton who so graciously made that motion awhile ago. I thank every one of you. (Applause.)

*President Hale:*

Nominations are in order for Secretary-Treasurer.



*Dr. A. T. Jennette:*

It really gives me a great deal of pleasure to nominate a man who has served the North Carolina Dental Society perfectly. This man has served one year and has done everything that has been required of him and a great deal more and it gives me a great deal of pleasure to nominate Dr. Paul Fitzgerald for Secretary-Treasurer of the North Carolina Dental Society. (Applause.)

*President Hale:*

Are there any more nominations?

*Dr. Dennis Cook:*

I move that the nominations be closed and that the President cast the ballot for Dr. Fitzgerald.

*Member:*

Second the nomination.

*President Hale:*

It has been moved and seconded that the nominations be closed and that the President of the Society cast the ballot of the Society for Dr. Fitzgerald to succeed himself.

Vote taken and carried.

*President Hale:*

It is my pleasure, Dr. Fitzgerald, to cast the ballot of the North Carolina Dental Society for you as Secretary-Treasurer to succeed yourself. (Applause.)

*Dr. Fitzgerald:*

Mr. President and Members of the North Carolina Dental Society: A year ago tonight you Gentlemen conferred the honor upon me of Secretary-Treasurer of your Society. At that time I felt that you were experimenting. In fact, I knew you were. Again you have conferred upon me the honor of Secretary-Treasurer. I hope, Gentlemen, that I may take it this time as a compliment. I told you a year ago that I would not make a speech, that what I felt was this—you had given me an order to go to work and that I would do the best that I could. Tonight I feel right much like the man who was an habitual drunkard. He had married a fine woman. He staggered home drunk each night. She raised as much sand with this man as she could. She nagged him and raised more sand than a little with him. It seemed to do no good. Finally she took the matter up with her preacher. He said, Sister, suppose you stop nagging. Tonight when he comes in if he should come in drunk, go to the door and put your arms around him and speak to him in terms of endearment, get his smoking jacket and slip-

pers and have a warm supper and some coffee prepared for him. She said she'd try. That night when he came home she met him at the door as the preacher had told her to do, and said, "Darling, come in" and put her arms around him, she had the hot coffee and all and sat down and talked sweetly to him. After a little she said, "Now, darling, isn't this just like heaven?" "Yes," he says, "it is just like heaven, but when I get home, I am going to catch hell." (Laughter.) Speaking seriously, I am duly grateful for the honor that you have bestowed upon me and I shall try to live up to the trust. I thank you, Gentlemen. (Applause.)

*President Hale:*

The next in order is the member of the State Board of Dental Examiners to succeed Dr. W. F. Bell, of Asheville.

*Dr. W. F. Bell:*

Mr. President, Members of the North Carolina Dental Society: I have had the privilege of serving this organization as a member of the Board of Dental Examiners. In the time that I have been there, six years, I have had opportunity to realize the responsibility placed upon this body of men. As the profession progresses the responsibilities of your Board of Examiners is going to become greater. I am not running for this office again. I know of a man that is capable of taking this nomination and I would like to place in nomination the name of a man from the First District, who is a good workman, who is a keen thinker, who has a good, broad sense of judgment and who is truly a professional Gentleman. I wish to nominate A. C. Current of Gastonia. (Applause.)

*Dr. J. N. Johnson:*

Mr. President, I'd like to second the nomination. Next to my esteemed friend, Dr. Bell, having served for a number of years on the Examining Committee of the North Carolina Dental Society, I consider it one of the most responsible positions in this particular association and it is one of the particular offices that I am always interested in, the character of workmanship, professional esteem and professional character and ability all enter into that, for fitness for this particular office. I have watched the work of my friend A. C. Current over a number of years and I want to second the nomination of my friend, Billy Bell, for Dr. A. C. Current, of Gastonia.

*Dr. S. E. Moser:*

Mr. President, Members of the North Carolina Dental Society: Before I start my oration—I want to take this opportunity to say that last year at Winston-Salem the men here promised us when we were sweltering under the heat of 103 or 104 that it would be cool here this

year and I want to say that they have fulfilled that obligation. Mr. President, it might not be amiss for a man from Dr. Current's town to have something to say about Dr. Current. I want to say that I have been a neighbor and colleague of Dr. Current's for lo, these many fifteen years. I want to say that he is a good citizen, a good colleague and an excellent dentist. Whatever he does, he tries to do well and as I have said before, the North Carolina Dental Society representative on the State Bord of Dental Examiners is no fool's paradise. I take great pleasure in seconding the nomination of my esteemed friend, A. C. Current.

*Dr. Clyde Minges:*

I move you, Sir, that the nominations be closed, the rules suspended, and the Secretary-Treasurer cast the ballot of the Society for Dr. A. C. Current to succeed Dr. Bell on the Board of Dental Examiners.

Motion seconded and the Secretary-Treasurer cast the unanimous vote of the Society for Dr. Current.

*Dr. A. C. Current:*

Mr. President, Members of the North Carolina Dental Society: I can't understand the powers which have motivated this body to express the confidence that they have in me to bestow upon me the high honor that you have and to call upon me to attempt to fulfill the equal responsibility that accompanies this honor. I would be less than a man if this expression of confidence and friendship from you people did not become a constant inspiration and challenge to me to be a better man in the future than I have in the past and far as I may fall short of following in the footsteps of the great men who have preceded me in this Society, I pledge to this Society and to organized dentistry the best for which I am capable. I thank you. (Applause.)

*President Hale:*

Nominations are in order for another member of the North Carolina Dental Society on the State Board of Dental Examiners to succeed Dr. John L. Ashby.

*Dr. Henry C. Carr (Durham):*

Mr. President, Members of the North Carolina Dental Society: It is indeed an honor that I have tonight to present to you a man whom we have tried and found faithful, a man whom it was my pleasure to serve on the Board with for two years and found him capable and ready to do what he believed to be for the best interest of the North Carolina Dental Society. The North Carolina Board of Dental Examiners is the gate-way to our profession. The way these men conduct that Board has much to do with whether we make progress in North Carolina or go

backward. We have a fine Board at the present—men who have the one and utmost interest at heart, and that is dentistry in North Carolina. Without saying more, it gives me indeed a great pleasure to present to you Dr. John L. Ashby to succeed himself. (Applause.)

*Dr. Bingham:*

Mr. President, it gives me a great deal of pleasure to second the nomination of Dr. Carr for Dr. John L. Ashby. Dr. Ashby has only served on the Board two years—this year being his third. I know Dr. Ashby makes a fine member for the Board of Dental Examiners and I see no reason why he shouldn't continue. I have known Dr. Ashby for the past eighteen years, as a student in College and as an excellent operator and gentleman since graduating and I take great pleasure in seconding the nomination of Dr. Ashby.

*President Hale:*

Are there any other nominations?

*Dr. Amos Bumgardner:*

I move that the nominations close.

*President Hale:*

Does that meet a second?

*Dr. Ralph Jarrett:*

I second that motion.

Vote taken and carried.

*President Hale:*

The Secretary is instructed to cast the ballot of the North Carolina Dental Society for Dr. John L. Ashby to succeed himself.

*Secretary Fitzgerald:*

Dr. Ashby, will you rise. As Secretary of the North Carolina Dental Society, it gives me great pleasure to cast the vote of the entire Society for you as State Dental Examiner.

*Dr. Ashby:*

Gentlemen of the North Carolina Dental Society: I am not one of the orators whom you have heard this evening. I wish to express my sincere appreciation for your confidence in me. I hope I will be serviceable to the North Carolina Dental Society and serve the North Carolina Board of Dental Examiners as I should do. I thank you. (Applause.)

*President Hale:*

Gentlemen: We have to elect a delegate to succeed Dr. Wilbert Jackson, a term of three years. Nominations are in order.



*Dr. A. T. Jennette:*

It gives me great pleasure to nominate a man who has served the North Carolina Dental Society, who will continue to do so and that man is no other than Dr. Wilbert Jackson.

*Dr. Clyde Minges:*

I have served with Dr. Jackson as a fellow delegate to the American Dental Association. Through his efforts, influence and personality, I feel that North Carolina is really being represented in an adequate way. There is nothing lacking. As I have contended many times on this floor, to me your delegate to the American Dental Association is one of the most important men that you have. He is your contact with your national organization. It gives me pleasure to endorse Dr. Jackson to succeed himself and with your permission I'd like to again move you, Sir, that the nominations be closed, that the rules be suspended and the Secretary instructed to cast the unanimous vote of this meeting for Dr. Jackson to succeed himself as Delegate to the American Dental Association.

*Dr. Wells:*

I second that motion.

Vote taken and carried.

*Secretary Fitzgerald:*

Dr. Jackson, as Secretary of the North Carolina Dental Society, it gives me great pleasure to cast the entire vote of the Society for you as Delegate to succeed yourself for the next three years. (Applause.)

*President Hale:*

Gentlemen, in case that we should be allowed another Delegate, what is the wish of this organization? Dr. Fitzgerald doesn't know yet from the membership.

*Dr. Mizell:*

I'd like to nominate Dr. Olive.

Motion seconded.

*Dr. Minges:*

I rise to the point of information. Was that not taken care of last year, that the Secretary-Treasurer automatically becomes such delegate?

*President Hale:*

No Sir, I have looked that up. It was just for that one year—year before last at Pinehurst. If you want it again this year, O.K. You did make it just one year. It was not a standing resolution.

*Dr. Minges:*

Do I have the floor? I'd like to move you, Sir, . . .

*President Hale:*

There is a motion before the house.

*Dr. Minges:*

I'd like to ask Dr. Mizell to withdraw his motion.

*Dr. Mizell:*

With Dr. Olive's permission.

*Dr. Minges:*

To keep the North Carolina Dental Society in closer touch with what is really going on, I feel he should, by all means, be sent as a delegate regardless of what he may be. A great many men would make good delegates. I'd like to move, in case we have a sufficient number of men who have paid their dues to entitle us to a fourth delegate, that the Secretary-Treasurer be sent as that extra delegate.

*President Hale:*

And that it be a permanent policy?

*Dr. Minges:*

Yes.

*Dr. J. N. Johnson:*

I second that nomination.

*President Hale:*

Any more nominations? It has been moved and seconded that it become a permanent policy until otherwise changed by this body, that the Secretary-Treasurer be the extra delegate if we are entitled to one.

Vote taken.

*President Hale:*

The "ayes" have it.

Gentlemen, we should elect three alternate delegates, and maybe four, to the American Dental Association.

*Dr. J. N. Johnson:*

I'd like to nominate one of the best dentists in North Carolina, one of the finest men that ever lived. He is just as fine in every particular, of character, of efficiency and in the point of service, we have none that surpasses him. That is Dr. Olive, of Fayetteville. (Applause.)

*Dr. W. T. Martin:*

I second that nomination.

*Dr. Wilbert Jackson:*

I'd like to place in nomination Dr. Walter McRae, as alternate delegate.

*Dr. H. C. Carr:*

I second that nomination.

*Dr. Ralph Jarrett:*

I'd like to nominate Dr. Everett Moser, of Gastonia.

*Dr. Bell:*

I second that nomination.

*President Hale:*

Are there any more nominations for alternates.

Motion made by Dr. Ralph Jarrett and seconded by Dr. Phin Horton that nominations close and the Secretary cast the ballot of the Society for all three men.

Vote taken and carried.

*Dr. Fitzgerald:*

Dr. R. M. Olive, Dr. Walter McRae and Dr. S. E. Moser, as alternate delegates to the American Dental Association, it gives me great pleasure to cast the vote of the entire Society for you. (Applause.)

*President Hale:*

In case we need a fourth one, what is your pleasure?

*Dr. Z. L. Edwards:*

I nominate Dr. Clayton, of High Point.

*Dr. J. A. McClung:*

I second that nomination.

Moved and seconded that the nominations be closed and the Secretary cast the entire ballot of the Association for Dr. Clayton as alternate delegate to the American Dental Association in case the Society is entitled to one.

*President Hale:*

Gentlemen, we have got to have somewhere to meet next year. It is now in order.

*Dr. Ralph Jarrett:*

I have made one successful motion that we quit balloting and elect the officers by acclamation. I want to welcome you to Charlotte, North

Carolina. (Applause.) We will dine you if we don't wine you. We'd be glad to have the meeting of our organization in the "Friendly City" next year.

*President Hale:*

Any other invitations?

*Dr. Sam Bobbitt:*

Mr. President, I move that the nominations be closed and that we go to Charlotte. (Applause.)

*Dr. S. E. Moser:*

Mr. President: I move that we accept the invitation of Dr. Jarrett and meet in Charlotte for the 1940 meeting.

*President Hale:*

Everybody that wants to go to Charlotte stand up. (Unanimous.)

Thank you, Gentlemen, for your harmony.

Meeting adjourned at 9:15 p.m.

## HOUSE OF DELEGATES

The Wednesday Noon Session of the House of Delegates convened in the Virginia Dare Ballroom of the Sir Walter Hotel at twelve o'clock, Wednesday, May 3, 1939, the President, Dr. G. Fred Hale, presiding.

*Dr. Hale:*

The Wednesday noon session of the House of Delegates will please come to order and the Secretary will call the roll.

The Secretary, Dr. Paul Fitzgerald, called the roll and the following were marked present:

G. Fred Hale, President

Frank O. Alford, President-elect

C. M. Parks, Vice President

Paul Fitzgerald, Secy.-Treas.

EXECUTIVE COMMITTEE

D. L. Pridgen

O. L. Presnell

ETHICS COMMITTEE

Z. L. Edwards

A. S. Bumgardner

W. L. McRae

BOARD OF DENTAL EXAMINERS

John L. Ashby

FIRST DISTRICT

Wm. M. Matheson

Dennis S. Cook

SECOND DISTRICT

John McClung

C. A. Barkley

A. P. Hartman

J. P. Bingham

T. P. Williamson



## THIRD DISTRICT

J. P. Jones  
W. R. McKaughan  
L. G. Coble  
E. M. Medlin  
J. H. Wheeler

## FOURTH DISTRICT

C. W. Sanders  
J. W. Whitehead

E. B. Howle

H. O. Lineberger

## FIFTH DISTRICT

Z. L. Edwards  
H. E. Nixon  
C. E. Minges  
Darden Eure  
Junius Smith

*President Hale:*

I declare a quorum present and ready for the transaction of any business that may come before this House of Delegates.

Any Committee reports?

*Dr. Paul E. Jones:*

Mr. President, the Committee on the President's Address wishes to commend Dr. Hale most highly on his splendid address. It shows much thought and preparation and offers a high standard for our membership to follow.

The committee approves the recommendation regarding the seal for the North Carolina Dental Society which was previously approved by the Executive Committee.

The recommendation regarding the appointment of and duties of a nominating committee is considered a definite forward step. We feel, however, that the nominating committee might be given a little broader authority and a little more democratic plan of procedure.

We therefore recommend:

1. A quorum of the nominating committee shall consist of at least one representative from each district, in addition to the chairman.

2. That two district representatives be elected by the District Societies at their annual meeting.

3. It shall be the duties of the nominating committee to nominate one or more candidates for each elective office.

4. That nothing in this recommendation shall prevent nominations from the floor at any General Session held for the election of officers of this Society.

PAUL E. JONES, *Chairman.*

I. R. SELF.

H. O. LINEBERGER.

*President Hale:*

May I ask a question? Is it sufficiently clear to say that one shall come from each District?

*Dr. Jones:*

That was covered or we intended to. If you don't mind, let me explain now we arrived at a decision. When I first read it, I, like others, thought it was taking away the privilege of the individual membership of the Society to select officers. After consideration the Committee decided that it would be even more representative than

it is now of the active members of the Society in view of the fact that it provides that two members of the nominating committee will be elected at each annual district meeting. That will be ten representatives elected at the District Meetings, and they in turn will represent the Districts at the State Meeting in selecting the annual Society officers. It precludes the possibility of argument, of taking away the privileges when you figure that it still does not take away the privilege of nominations from the floor at any time. The Committee feels that it is a step toward progress. We take great pleasure in recommending it to the Society.

*President Hale:*

I raised that question because I wanted to be sure you know what you are voting for. Because I think it is wise is no reason that it is wise. Any discussion?

Vote taken and report is accepted.

*President Hale:*

Any other Committee Reports?

*Dr. Z. L. Edwards:*

I have the report of the Ethics Committee.

#### THE ETHICS COMMITTEE BEGS TO SUBMIT THE FOLLOWING REPORT

As a result of a complaint of "Unethical Advertising" against one of our members, Dr. E. D. Moore, Charlotte, N. C., your Committee requested him to appear for a hearing which was held on May 2.

The charges were as follows:

1. Having his name appear in the telephone directory in bold face type.
2. Permitting his name with the word "Denist" to be stamped on the fly leaf of Biblical literature which was distributed by his Church organization.

After hearing Dr. Moore's explanation your Committee was unanimous in the opinion that the offense was due more to a lack of knowledge of our code of Ethics than to a wilful intent.

In view of Dr. Moore's apparent feeling of remorse in having done something calculated to bring reproach upon the ethical standards of our profession, and in view of his profuse expressions of regret and with the solemn and sacred promise to make corrections and to refrain in the future from any action that might be considered as violating even the spirit of the code of Ethics, your Committee feels that the greatest good can be accomplished by exercising charity in recommending to the House of Delegates the minimum penalty as prescribed by our By-Laws. Reprimand, with the admonishment "Go ye and sin no more."

Respectfully submitted,

Z. L. EDWARDS, *Chairman.*  
O. C. BARKER.  
CHARLES I. MILLER.  
W. L. McRAE.  
A. S. BUMGARDNER.

*President Hale:*

Thank you, Dr. Edwards.

Gentlemen, you have heard the report of the Ethics Committee.

Motion made and seconded that the report be accepted. Vote taken and carried.

*President Hale:*

Dr. J. Martin Fleming is not a member of the House of Delegates but he has a report to make.

*Dr. Fleming:*

This is the report of the Relief Committee of the North Carolina Dental Society. I forgot all about having to make a report. I know the funds on hand as of April first when my book was published—we have in the treasury \$2,790.16 and I understand a check has come in that has not yet been turned over for \$119 for our half of what we gave to Christmas seals which will make \$2,909.16 and then the usual \$200 that we appropriate every year would be added to that. So the fund now is well over \$3,000 in the Wachovia Bank in Raleigh and it can only be checked out with the signatures of two members of the Committee, so there is not much danger of stealing it with old Betts and Hunt to keep me from stealing.

Upon motion of Dr. Amos Bumgardner, seconded by Dr. Whitehead, vote taken and carried to accept the report.

*President Hale:*

Any other reports?

*Dr. Frank Alford:*

Mr. President, I have a report.

## REPORT OF MEMBERSHIP COMMITTEE

During the fall months, your committee made a survey of each District to ascertain the non-members who were eligible for membership in the North Carolina Dental Society.

Immediately after the first of the year, the committee sent a letter to each of these eligible non-members encouraging them to join, or reinstate their membership in the North Carolina Dental Society. Following these letters, a member who was close to the non-member was asked to contact the non-member personally and try to bring him into the Society. While this plan has not worked one hundred per cent, we feel it has helped.

The committee wishes to express its thanks to all those who assisted in the campaign.

The report of the membership committee by districts is as follows:

	<i>First</i>	<i>Second</i>	<i>Third</i>	<i>Fourth</i>	<i>Fifth</i>	<i>Total</i>
Members in Good Standing.....	106	142	99	92	105	544
Members Subject to Suspension.....	10	4	6	1	2	23
Members Reinstated .....	4	2	0	2	0	8
New Members .....	7	3	1	5	4	20

Your committee recommends that thirty days extension of time be granted to members who are subject to suspension and that every means be exhausted to collect their dues and retain their membership in the Society.

Respectfully submitted,

FRANK O. ALFORD, *Chairman*.  
WILLIAM M. MATHESON.  
CARL A. BARKLEY.  
A. W. CRAVER.  
J. W. WHITEHEAD.  
H. E. NIXON.

*President Hale:*

Gentlemen, you have heard the report of the Membership Committee, what is your wish?

Upon motion of Dr. O. L. Pressnell, duly seconded, vote taken and report accepted.

# RE-INSTATEMENTS

## FIRST DISTRICT

R. C. Rea.....	Canton	F. B. Hicks.....	Hickory
Frank R. Wilkins.....	Forest City	R. C. Hicks.....	Shelby

## SECOND DISTRICT

Dale F. Arthur.....	Charlotte	L. E. Wall.....	Charlotte
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## FOURTH DISTRICT

C. A. Blalock.....	Wendell	M. L. Johnson.....	Whiteville
Geo. Dennis.....			Raleigh

*Secretary Fitzgerald:*

First will be new members for membership in the North Carolina Dental Society.

# NEW MEMBERS

## FIRST DISTRICT

O. R. Keith.....	Hendersonville	Noracella E. McGuire.....	Sylva
L. T. Russell.....	Canton	Arthur M. Ramsey.....	Marshall
R. B. Sams.....	Mars Hill	R. R. Steinman.....	Enka
J. L. Raymer.....			Shelby

## SECOND DISTRICT

J. B. Freedland.....	Charlotte	Moultrie H. Truluck.....	Charlotte
L. C. Holhouser.....			Rockwell

## THIRD DISTRICT

Geo. F. Kirkland.....	Durham
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## FOURTH DISTRICT

H. Evans Coleman.....	Warrenton	Laurence H. Paschal.....	Fayetteville
Reed T. Goe.....	Raleigh	E. D. Baker.....	Raleigh
S. B. Towler.....			Raleigh



## FIFTH DISTRICT

Sidney V. Allen.....	Wilmington	R. A. Daniel.....	Roanoke Rapids
J. P. Butler.....	Farmville	Guy V. Harris.....	Belhaven

Now we can vote on the new members individually or collectively and I would suggest in order to save time unless there is objection that we do vote collectively on the new members.

*Dr. Pridgen:*

I should like to ask if the election of members into the North Carolina Dental Society is not, under the By-Laws, the prerogative of the District Societies and not the State Society. As I understand it the State Society accepts members from the District just as the American Dental Association does from the State Dental Society.

*Secretary Fitzgerald:*

Heretofore it has been the practice to vote on those collectively. The list for suspension for non payment of dues is as follows:

## LIST OF MEMBERS FOR SUSPENSION

## FIRST DISTRICT

B. B. Bishop	Macon H. Hewitt, Jr.
Carl Harding	W. B. Masters
Preston R. Taylor	

## SECOND DISTRICT

L. L. Ezzell	W. L. Ezzell
P. L. Feezer	

## THIRD DISTRICT

C. D. Dawkins	W. T. Oliver
J. W. Mitchell	Lewis J. Pegram
R. P. Shepard	

## FOURTH DISTRICT

John Dewitt Muse

## FIFTH DISTRICT

R. A. Wilkins

## REPORT OF ATTENDANCE

Members .....	419	Visitors .....	160
Visiting Doctors .....	30	Exhibitors .....	44

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PAUL FITZGERALD.

# REPORT OF EXHIBIT COMMITTEE

The Exhibit Committee wishes to submit the following report:

Amount Exhibit space sold.....	\$715.00
Amount Exhibit Space Collected.....	695.00
Amount Exhibit space uncollected.....	20.00

DR. PAUL FITZGERALD, *Chairman*, Exhibit Committee.

*President Hale:*

You have heard the report on Attendance and Exhibits. What is your pleasure?

Upon motion of Dr. Parks, seconded by Dr. Bingham, vote taken and report accepted.

*Secretary Fitzgerald:*

Mr. President, we have the report of the Program Committee.

## REPORT OF THE PROGRAM COMMITTEE

The Program Committee has held three meetings with the Executive Committee:

First, on August 21, 1938 O'Henry Hotel, Greensboro, N. C.

Second, on November 6, 1938 Carolina Hotel, Raleigh, N. C.

Third, on February 2, 1939 Sir Walter Hotel, Raleigh, N. C.

For our report on the activities of this Committee we submit the Program as published in *The Bulletin* which was mailed to all members April 6, 1939.

PAUL FITZGERALD, *Secretary-Treasurer*.

We had \$800 for honorarium and travel expenses.

*President Hale:*

You have heard the report of the Program Committee.

*Dr. Whitehead:*

I move that the report be received.

*Dr. McRae:*

I second the motion.

*President Hale:*

Any discussion?

Vote taken and report accepted.

*Secretary Fitzgerald:*

I have the financial statement of the North Carolina Dental Society as of May 1, 1939. This includes all printing, etc., up and until that date. It does not include any expenses of this meeting. The Auditor's Report for the period June 25, 1938 to May 31, 1939 will be furnished the editor for publication in the proceedings.

## DAHLBERG &amp; COMPANY

ACCOUNTANTS AND AUDITORS

June 14, 1939

TO THE OFFICERS OF  
NORTH CAROLINA DENTAL SOCIETY.

*Gentlemen:*

We have examined the books of Account and Record of Paul Fitzgerald, Greenville, North Carolina, for the period beginning June 25, 1938 and ending May 31, 1939, and submit herewith a statement of Receipts and Disbursements for the period, together with a Reconciliation of the checking Account with Guaranty Bank and Trust Company, Greenville, North Carolina, and a Balance Sheet as of May 31, 1939.

Your particular attention is directed to our Comments and the Exhibits as shown by the Index and on the following pages.

We hereby certify that we have examined the books of Account and Record of Paul Fitzgerald, Greenville, North Carolina, Secretary and Treasurer of the North Carolina Dental Society, for the period beginning June 25, 1938 and ending May 31, 1939, and that in our opinion, based upon the records examined and information obtained by us and comments thereon, the accompanying statement of Receipts and Disbursements for the period, and the Balance Sheet as at the date named are correct.

Yours very truly,

DAHLBERG AND COMPANY.

## C O M M E N T S

**GENERAL.** In verifying the Statement of Receipts and Disbursements, we traced all recorded receipts into the Bank Account. Disbursements were audited in detail and were found to be supported by properly receipted invoices and canceled checks.

Remittance reports from all District Secretaries were checked and found to be in agreement with the books of the State Treasurer.

Payments to National Association Headquarters were verified by comparison with receipts furnished by that organization.

The Bank Account was reconciled by us and each canceled check was inspected with reference to signatures and endorsements and found to be in ORDER.

United States Treasury Baby Bonds in the amount of \$3,750.00 were not available for inspection. We were informed that they are held under supervision of the entire Executive Committee.

A comparison of Total Receipts, Expense Disbursements, and Net Gain for the Fiscal years 1937 to 1939 inclusive is as follows:

<i>Years</i>	<i>Receipts</i>	<i>Expense</i>	
		<i>Disbursements</i>	<i>Net Gain</i>
1937 .....	\$ 5,895.82	\$ 4,916.21	\$ 979.61
1938 .....	6,060.03	5,760.00	300.03
1939 .....	5,827.50	4,768.34	1,059.16
Totals .....	\$17,783.35	\$15,444.55	\$2,338.80

The books of the Treasurer were found to have been neatly and accurately kept.

## BALANCE SHEET

May 31, 1939

## ASSETS

## CASH

On Deposit—

Guaranty Bank and Trust Company, Greenville, North Carolina.....\$2,349.61

## INVESTMENTS

Five—1,000 United States Treasury Baby Bonds..... 3,750.00

Total .....\$6,099.61

## LIABILITIES AND NET WORTH

## LIABILITIES

None.

NET WORTH .....\$6,099.61

Total .....\$6,099.61

RECONCILIATION OF ACCOUNT WITH  
GUARANTY BANK AND TRUST COMPANY  
GREENVILLE, NORTH CAROLINA

May 31, 1939

Balance Per Bank Statement.....\$2,650.61

Less: Outstanding Checks..... 301.00

Balance Per Books.....\$2,349.61

## OUTSTANDING CHECKS

<i>Date</i>	<i>Payable to</i>	<i>Number</i>	<i>Amount</i>
5-19-39	C. Willard Camalier.....	115	\$ 25.00
5-20-39	Dr. Sterling V. Mead.....	116	50.00
5-26-39	J. W. Whitehead, Secretary.....	118	18.00
5-29-39	American Dental Association.....	119	8.00
5-29-39	J. Martin Fleming.....	120	200.00
			<hr/> \$301.00

## STATEMENT OF OPERATIONS AND DISBURSEMENTS

For the Period June 25, 1938 to May 31, 1939, Inclusive

## RECEIPTS

	<i>Annual</i>	<i>Life</i>	<i>Total</i>
DISTRICT RECEIPTS—MEMBERSHIP DUES			
First District .....	\$ 920.00	\$ 44.00	\$ 964.00
Second District .....	1,182.00	28.00	1,210.00
Third District .....	940.00	48.00	988.00
Fourth District .....	834.00	52.00	886.00
Fifth District .....	1,006.00	36.00	1,042.00
Total District Receipts.....	\$4,882.00	\$208.00	\$5,090.00



## MISCELLANEOUS RECEIPTS

Sale of Exhibit Space.....	\$715.00	
Refunds—American Dental Association.....	22.50	\$ 737.50
Total Receipts .....		\$5,827.50
Balance June 25, 1938.....		1,290.45
Total Receipts and Balance.....		\$7,117.95

## DISBURSEMENTS

## American Dental Association—

## Proportionate Part of Dues from Members:

Annual .....	\$1,952.00	
Life .....	208.00	\$2,160.00

## EXPENSES

Salary—Editor Publisher .....	\$ 150.00	
Salary—Secretary-Treasurer .....	250.00	
Salaries—District Secretaries .....	125.00	
Dr. J. Martin Fleming—Relief Fund.....	200.00	
Printing—1938 Proceedings .....	590.65	
Honorarium and Expenses.....	459.56	
Reporting and Secretarial Expense.....	125.00	
Badges and Emblems.....	39.15	
Legal Services—Flowers Case.....	50.00	
Legal Services—1939 Legislature.....	50.00	
World's Fair Exhibit.....	130.00	
Binding Nine Volumes Files and Proceedings.....	58.00	
Stationery, Printing and Supplies.....	77.80	
Programs, Film Rental, Signs and Placards.....	87.35	
Entertainment .....	13.62	
Fidelity Bonds .....	43.75	
Auditing .....	25.00	
Membership Dues Refunded—1938 Graduates.....	18.00	
Floral Offerings .....	33.48	
Postage .....	50.00	
Telephone and Telegraph.....	26.59	
Miscellaneous Refunds .....	5.06	
Intangible Tax .....	.33	2,608.34
Total Disbursements .....		\$4,768.34
Balance May 31, 1939, Guaranty Bank and Trust Company .....		2,349.61
Total Disbursements and Balance.....		\$7,117.95

*President Hale:*

You have heard the report of the Secretary-Treasurer as of May 1, 1939. What is your pleasure.

Motion made and seconded to accept the report. Vote taken and carried.

*Dr. D. L. Pridgen:*

I have the report of the Executive Committee.

#### REPORT OF EXECUTIVE COMMITTEE

On May 4, 1938, following the adjournment of our 1938 meeting, the Executive Committee met at the Hotel Robert E. Lee in Winston-Salem. All bills for the Winston-Salem meeting, properly approved, were ordered paid. The date for our 1939 meeting was set for May 1, 2 and 3, with headquarters at the Hotel Sir Walter. Dr. Neal Sheffield was unanimously elected to succeed himself as Editor-Publisher for the ensuing year. The committee voted their disapproval of the society in the future paying for entertainment at our banquets.

The next meeting of the Executive Committee was held jointly with the Program-Clinic Committee at the O'Henry Hotel in Greensboro on August 21. Plans for the 1939 meeting were discussed, and a budget of eight hundred and fifty dollars was approved for the payment of honoraria and expenses of clinicians.

The Executive and Program-Clinic Committees again held a joint meeting on November 6 at the Carolina Hotel in Raleigh. The purpose of this meeting was principally for discussion of our 1939 program. Pursuant to the action of the House of Delegates at our 1938 meeting with reference to the work of the Library and Historical Commission, the Executive Committee at this time voted to underwrite the cost of publishing the History of the North Carolina Dental Society. The committee wishes to congratulate Dr. J. Martin Fleming upon the completion of this monumental service, and to commend him most highly upon the appearance as well as the contents of this interesting volume.

Your committee wishes to report that each of the secretary-treasurers of the five district societies furnished a surety bond in the amount of one thousand dollars, as provided in our by-laws. In view of the larger sum now entrusted to the secretary-treasurer of our state society, the bond for this officer, at the instigation of the present incumbent, was increased to seven thousand five hundred dollars. All these bonds are now held by the chairman of your committee.

During the year considerable correspondence was had in regard to an exhibit at the New York World's Fair which would adequately and properly portray Dentistry to the millions of visitors. The plan of finance called for an appropriation of a sum equal to twenty-five cents per member from each of the states east of the Mississippi. Your committee felt that with every other branch of medicine represented, dentistry should not be excluded, and that it afforded an unparalleled opportunity from the standpoint of dental education of the public in a dignified and ethical manner. We therefore approved the appropriation to this project the sum of one hundred and thirty dollars.

The committee wishes to commend our capable president, Dr. G. Fred Hale, for the manner in which he has directed the affairs of the society. We express our appreciation to Dr. Paul Fitzgerald and to Dr. Neal Sheffield for their many hours of labor given so willingly and unselfishly. We wish to thank the individual members who have served on the various committees during the year. We are most grateful to the dentists of Raleigh as well as to their ladies for the splendid arrangements which have been made

for us. And to all others, who have in any way or in any measure contributed to the success and our enjoyment of this annual meeting, we are deeply indebted and offer our heartfelt thanks.

Respectfully submitted,

G. A. LAZENBY.

O. L. PRESNELL.

D. L. PRIDGEN, *Chairman.*

*President Hale:*

You have heard Dr. Pridgen's report. What is your pleasure?

Motion made by Dr. Medlin, duly seconded, that the report be accepted. Vote taken and carried.

*Dr. D. L. Pridgen:*

The Executive Committee wishes to propose for Honorary membership in the N. C. Dental Society:

Dr. A. M. Wash, Richmond, Va.

Dr. G. A. C. Jennings, Richmond, Va.

Dr. J. W. Ames, Smithfield, Va.

Dr. R. A. Vonderlehr, Washington, D. C.

Dr. E. A. Jasper, St. Louis, Mo.

Dr. Geo. C. Paffenbarger, Washington, D. C.

Dr. Sterling V. Mead, Washington, D. C.

Dr. W. B. Denning, New York, N. Y.

Dr. R. E. Sturdivant, Atlanta, Ga.

D. L. PRIDGEN, *Chairman.*

*President Hale:*

Gentlemen, you have heard the proposal of the Executive Committee for honorary membership. What is your pleasure?

Motion made by Dr. Alford, seconded by Dr. McRae that the men named be accepted for honorary membership. Vote taken and carried.

*President Hale:*

Any further committee reports?

*Dr. J. P. Jones:*

Mr. President, I have the report of the Publicity Committee.

The Publicity Committee wishes to submit the following report:

A total of eight advance news stories covering this meeting have been mailed to all daily newspapers, press associations, and radio stations in this state and to a number of papers in neighboring states. The best estimate is that a total of more than 960 news stories were used by these newspapers and radio stations.

In addition, there were serviced to all of the daily newspapers in this state 100 mats of two 2-column layouts and 160 mats from four 1-column cuts. The two layouts included our out-of-state speakers, in one instance, and the officers of the Society in the other instance. The four single column mats covered our president and president-elect and banquet speaker and toastmaster.

This convention is being covered by special reporters and photographers from the *News and Observer* and *Raleigh Times*; by the Associated Press and the United Press and, through them, by all the morning and afternoon newspapers of this state and neighboring towns in Virginia and South Carolina.

We were again fortunate in securing the services of Mr. R. W. Madry, director of the University News Bureau, and of Mr. Sherman Shore of Greensboro, and to them should go all the credit for our publicity.

The Committee wishes to extend deepest appreciation to Mr. Madry and Mr. Shore; to the *News and Observer* and the *Raleigh Times*; to the Associated Press and United Press, to the radio stations of the State; to the press of the state in general, and to the General Arrangements Committee for their splendid coöperation in making this Society's publicity program so effective.

J. P. JONES, *Chairman*, Publicity Committee.

*President Hale:*

Gentlemen, you have heard the report of the Publicity Committee. What is your pleasure?

Upon motion of Dr. Whitehead, seconded by Dr. Bumgardner, vote taken and report accepted.

*President Hale:*

Any other committee reports? Any other business?

*Dr. Lineberger:*

I have the report of the Committee on Communicable Diseases.

The Committee on Communicable Diseases wishes to call the membership's attention to a recent action of the North Carolina State Board of Health in which they declared Vincent's Disease a reportable disease.

Your Committee recommends that the North Carolina Dental Society go on record as approving the action taken by the North Carolina State Board of Health and that we stand willing and ready to coöperate with them in this splendid work.

Respectfully submitted,

J. S. SPURGEON

ERNEST A. BRANCH

H. O. LINEBERGER, *Chairman*.

*President Hale:*

You have heard Dr. Lineberger's report. What is your pleasure?

Upon motion of Dr. Weaver, seconded by Dr. Wheeler, vote taken and report accepted.

*President Hale:*

Any other Committee Reports?

*Dr. Pridgen:*

Down in Cumberland we have a member of this Society who attends the meetings regularly. He has recently had a very tragic occurrence



affecting his immediate family and I know it is the only reason that he is not at this meeting and I should like for the Secretary to be instructed to send Dr. L. G. Hair, of Fayetteville, a telegram with suitable wording saying that we have missed him, from the Society.

Upon motion and second, vote taken to send the message to Dr. Hair.

*President Hale:*

Dr. Pridgen, I think that is a very nice and timely suggestion. Any more committee reports?

*Dr. Minges:*

Mr. President and Gentlemen of the House of Delegates: At our General Session last night a motion was made to the effect that in the event the membership reached 500 that the Secretary would automatically become the delegate to the American Dental Association. Since thinking it over—I am not trying to split hairs—but as I construe the Constitution and By-Laws, the General Session has no right to transact an Executive matter, so I'd like to move you, Sir, that the House of Delegates go on record as ratifying the action taken by the General Session last night, officially so we will not have to go through with it at each and every meeting.

*President Hale:*

I don't know whether you are right or wrong. We just elected one in case. If you want to be doubly sure.

*Dr. Minges:*

I read in Dr. Fleming's History the only authority the General Session had was the election of officers. It has no right to adopt a resolution. My only thought is that the adoption of the standing resolution be ratified by the House of Delegates.

*Dr. Howle:*

I'd like to know if that requires a change in the Constitution and By-Laws?

*President Hale:*

No, Sir.

Motion seconded by Dr. Pressnell, vote taken and carried.

*President Hale:*

Any further business to come before the Society?

*Dr. Matheson:*

Mr. President and Members of the House Delegates, if it is in order, I'd like to take up a problem we have with one of the members in our

District. He is up for life membership but his record does not quite entitle him to it as we have it. S. H. Steelman, of Lincolnton, would be this year a member of the Dental Society 25 years, however, our records show that in 1923 he was suspended and in '26 reinstated. Now, Dr. Steelman, Dr. Fitzgerald and I have had quite a bit of correspondence and Dr. Steelman feels certain that he paid every year and at the meeting he brought checks with him which I am holding at this time, made to Dr. J. W. Faucette of Asheville for the payment of \$12. At that time I understand the dues were only \$6 a year. This check would have paid his dues in 1924 and 1925, filling in the gap and making him paid every year for 25 years. Now he has no proof of what the \$12 check was for but it was given to the Dental Society and was also endorsed by Dr. C. B. Mott. It was evidently paid at the general meeting in Asheville and the evidence is that it was paid for fees. I hardly know what to do and I wish you Gentlemen would take some action and help us out. Unfortunately, I don't have the minutes of the meetings with me. We might find out something further if Dr. Faucette was Secretary-Treasurer of the First District at that time by looking back in these minutes. That is the only additional information that I know that I could possibly get.

*President Hale:*

Does anybody know what the dues were at that time? Were they \$6 a year?

*Member:*

What years?

*President Hale:*

1924 and 1925.

*Secretary Fitzgerald:*

Mr. President, Dr. Matheson took this matter up with me and I don't have the books here to show what the dues were. I advised Dr. Matheson to look over his records and see who was Secretary at that time. The check in question does not state for what it was made or for what purpose. I asked him to take the matter up with me later on and through correspondence that we would try to thresh it out with the records that we have in our office. If the check was not rejected and there is any possible way to find out for what purpose it was paid—we could act on that later, and I think with the evidence in hand that it is incumbent upon us to act later on the matter.

*Dr. Minges:*

This perhaps might be edifying to some extent—Dr. Faucette was Secretary-Treasurer of the First District in 1924-1925. Dr. Carl Mott did succeed him as Secretary as Dr. Matheson has suggested. I

am just wondering for the sake of getting through with the thing and handling it generally if the matter could be referred to the Executive Committee to handle. If I am in order, I will make that motion.

*President Hale:*

It has been moved that the matter be referred to the Executive Committee with power to act.

*Dr. Matheson:*

I second that motion.

*President Hale:*

Any discussion?

Vote taken and carried.

*President Hale:*

Any other Committee reports?

Gentlemen, I have been remiss in my duty and I am sorry. Dr. Frank Alford very thoughtfully and very kindly had made for the North Carolina Dental Society a gavel and gave it to me at the opening of the session and it is appropriately engraved "North Carolina Dental Society presented by F. O. Alford." I am sorry that I have overlooked this from time to time, but I think it is very kind of you and very thoughtful of you, Dr. Alford, as you usually do those things.

I may be out of line but I do want to thank the Raleigh boys for their splendid help and coöperation in trying to make this meeting a success. If it has met with your approval, that is all that is necessary for them. I don't like to brag on the home town boys but I just can't help it. They have worked so diligently and beautifully.

A motion for adjournment of the House of Delegates is now in order.

Motion made and seconded and meeting adjourned at 12:50 p.m.

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## FINAL GENERAL SESSION

*President Hale:*

The last session of the 65th annual meeting of the North Carolina Dental Society will please come to order.

The first matter of business is the installation of the new President. Dr. Darden Eure, will you please escort Dr. Frank Alford to the front.

Frank, few have come to the presidency of this society so well equipped as you to assume leadership of our organization. You have the natural ability, temperament and experience to qualify you for outstanding service, and you love your profession to such a degree as to

initiate all of those qualities into action. It has been one of the happiest experiences of my life to know you and work with you for many years. Your integrity and concept of duty will carry the North Carolina Dental Society to splendid achievement. You have the affection and support of the members of this Society in all your worthy undertakings. It is my pleasure and privilege to now declare you installed as President. (Applause.)

*Dr. Alford:*

Thank you, Fred. We all like to hear nice things said about us, even though they are not true.

Fellow Members: One year ago, when the membership of this Society elected me to serve in this high office, it bestowed on me the highest honor in its power; the highest honor it can give one of our members; the greatest honor I ever expect to come to me.

I would be less than human if I did not again say to you, as co-workers and friends, that I deeply appreciate this expression of confidence on your part. I trust that my efforts towards the upbuilding of the Society will merit your continued confidence and friendship.

I accept this office with a full realization of the responsibilities that go with it. My work in the organization in the past years has impressed on my mind the responsibility which rests on me today. Leadership in this Society is not a simple task. I wish to say, however, that I accept that responsibility and I pledge to you to carry out the duties of this office, and maintain its traditions, to the best of my ability.

There are a few things for which I take a definite stand, but I have no desire to force my personal opinions on you. I am your servant. I ask all of you to give me your advice and coöperation. This Society has made great progress during the past few years. With your help we shall continue that progress this year. I hope to turn over to my successor, next year, a larger and better organization. To this end I shall direct my efforts. (Applause.)

*President Alford:*

The next in order is to install the President-elect. Where is he. Dr. Jones will you bring Dr. Parks forward?

Dr. Claud, it is indeed a pleasure to install you as President-elect of the North Carolina Dental Society. It is going to be a great pleasure to work with you. Gentlemen, your President-elect, Dr. Claud Parks. (Applause.)

*Dr. Parks:*

Frank and Fellow Members: Thank you, and as I try to go along with Frank and Paul over there during the coming year, I hope that my part in the effort to carry on the work of this Society will meet with your approval. (Applause.)

*President Alford:*

Next is the installation of the Vice President. Dr. Sheffield, will you bring Dr. Chamblee forward.

Dr. Chamblee, it is indeed a pleasure to install you as Vice President of this organization and I am going to see that you find plenty to do. (Laughter.)

*Dr. Chamblee:*

Thank you, Frank. I assure you it will be my pleasure to do the best that I can. If I don't, you call me.

*President Alford:*

I don't think it is necessary to bring our efficient Secretary-Treasurer up and without further ceremony Dr. Fitzgerald, it is a very great pleasure to install you Secretary-Treasurer to succeed yourself.

*Secretary Fitzgerald:*

Mr. President, thank you. To the members, as I said last night, I am duly grateful for the honor. When you dump a Secretary-Treasurer into office, it is useless for him to make promises for what he will do. He begins work immediately and at the end of the year, you know what he has done. His work is continuous. I thank you.

*President Alford:*

Gentlemen, we have been installing the members of the Board of Dental Examiners, but this Society really recommends that those men be appointed. However, is Dr. Current here? (Dr. Current went home.) I'll ask Dr. John Ashby. We will go through the ceremony of installation. I think the Governor really makes that appointment.

Dr. Ashby, it is with much pleasure that I reinstall you as a member of the Board of Dental Examiners of North Carolina.

*Dr. Ashby:*

Thank you. It will be my pleasure to serve to the best of my ability on the Board of Dental Examiners for the coming term. I pledge you my best efforts and I hope that I may be of service. (Applause.)

*President Alford:*

The next order of business is the installation of the Delegates to the American Dental Association. Come back here, Dr. Jack. (Laughter.) It gives me great pleasure to reinstall you as Delegate to the American Dental Association.

*Dr. Wilbert Jackson:*

When you send a fellow back, he must do the best he can. (Applause.)



*President Alford:*

The next order of business is the installation of the three alternate delegates to the American Dental Association, or four, as elected last night.

Dr. Fitzgerald, who were they. I didn't get them.

*Dr. Fitzgerald:*

Dr. R. M. Olive, Dr. Walter McRae, Dr. S. E. Moser, and Dr. W. F. Clayton.

*President Alford:*

Are those four gentlemen here? Without further ceremony, I declare these alternate delegates installed to represent us at the American Dental Association.

If there is no objection at this time I'd like to read my Committee appointments.

# COMMITTEES, 1939-1940

## EXECUTIVE COMMITTEE

D. L. Pridgen, 1940, *Chairman*

O. L. Presnell, 1941

A. S. Bumgardner, 1942

## PROGRAM-CLINIC COMMITTEE

Paul Fitzgerald, *Chairman*

A. Pitt Beam

C. C. Poindexter

J. H. Guion

H. O. Lineberger

A. T. Jennette

## ETHICS COMMITTEE

G. Fred Hale, *Chairman*

O. C. Barker

W. L. McRae

R. B. Harrill

Z. L. Edwards

## LEGISLATIVE COMMITTEE

R. M. Olive, 1940

J. N. Johnson, 1942

E. B. Howle, 1941

W. K. Chapman, 1943

C. C. Poindexter, 1944

## ORAL HYGIENE COMMITTEE

E. A. Branch, *Chairman*

C. S. McCall

W. R. McKaughan

Guy Masten

C. E. Abernethy

Junius C. Smith

## DENTAL COLLEGE COMMITTEE

Wilbert Jackson, *Chairman*

W. F. Bell

J. P. Jones

J. F. Reece

R. M. Olive

J. N. Johnson

## MEMBERSHIP COMMITTEE

C. M. Parks, *Chairman*

W. M. Matheson	A. W. Craver
Carl A. Barkley	J. W. Whitehead
H. E. Nixon	

## EXHIBIT COMMITTEE

Paul Fitzgerald, *Chairman*

S. P. Gay	Cecil Crank
J. F. Hartness	Everett L. Smith
Darden J. Eure	

## CLINIC BOARD OF CENSORS

A. T. Jennette, *Chairman*

A. P. Cline	H. V. Murray
Vernon Cox	S. Robert Horton
R. F. Hunt	

## EXTENSION COURSE COMMITTEE

D. L. Pridgen, *Chairman*

N. P. Maddux	H. C. Carr
J. H. Nicholson	A. S. Cromartie
J. O. Broughton	

## LIBRARY AND HISTORICAL COMMISSION

J. Martin Fleming, *Chairman*

J. S. Betts	W. T. Martin, <i>Secretary</i>
J. H. Wheeler	W. T. Smith
J. S. Spurgeon	Royster Chamblee

## RESOLUTIONS COMMITTEE

C. E. Minges, *Chairman*

J. F. Campbell	E. M. Medlin
Harry Keel	C. W. Sanders
M. B. Massey	

## STATE INSTITUTIONS COMMITTEE

W. W. Rankin, *Chairman*

R. D. Coffey	C. H. Wadsworth
S. E. Moser	E. M. Medlin
Coyte Minges	J. G. Poole
G. L. Overman	

## MILITARY COMMITTEE

A. P. Cline, *Chairman*

J. M. Holland	Everett Teague
C. B. Younts	J. P. Reece
A. M. Schultz	

INSURANCE COMMITTEE

F. L. Hunt, *Chairman*

H. C. Dixon	Neal Sheffield
J. A. McClung	G. L. Hooper
J. E. L. Thomas	

NECROLOGY COMMITTEE

W. K. Chapman, *Chairman*

R. C. Weaver	L. G. Coble
G. A. Lazenby	J. H. Judd
Oscar Hooks	

SOCIO-ECONOMICS COMMITTEE

Paul E. Jones, *Chairman*

A. C. Current	L. M. Edwards
Ralph Jarrett	I. H. Hoyle
Z. L. Edwards	

COMMERCIAL RELATIONS COMMITTEE

E. B. Howle, *Chairman*

I. R. Self	C. A. Graham
John Ashby	Sam Bobbitt
J. G. Poole	

PUBLICATIONS COMMITTEE

I. O. Lineberger, *Chairman*

D. W. Holcomb	G. Fred Hale
W. F. Clayton	L. J. Meredith

COMMUNICABLE DISEASES

O. R. Hodgkin, *Chairman*

J. A. Sinclair	A. L. Wooten
Theodore Atwood	E. A. Branch
C. E. Minges	

COMMITTEE ON ENTERTAINMENT OF OUT-OF-STATE VISITORS

Olin Owen, *Chairman*

W. F. Bell	C. A. Graham
Harry Keel	R. M. Olive
T. E. Sikes	

PUBLICITY COMMITTEE

Burke Fox, *Chairman*

Walter Clark	D. T. Carr
R. Phillip Melvin	Victor Bell
Alex Stanford	James H. Smith

GENERAL ARRANGEMENTS COMMITTEE

John Pharr, *Chairman*

A. S. Bumgardner	L. O. Herring
C. F. Taylor	Ralph Schmucker
T. P. Williamson	

## ENTERTAINMENT COMMITTEE

J. Donald Kiser, *Chairman*

R. N. Walker	D. B. Mizell
J. R. Bell	Grady Ross
Dale Arthur	

## GOLF COMMITTEE

Ralph Jarrett, *Chairman*

R. R. Howes	L. M. Daniels
R. E. Spoon	J. W. Branham
H. K. Thompson	

## SUPERINTENDENTS OF CLINICS COMMITTEE

L. F. Bumgardner, *Chairman*

David Abernethy	W. R. Hinton
Moultrie H. Truluck	K. L. Johnson
Sandy Marks	

## A.D.A. RELIEF COMMITTEE

J. C. Watkins, *Chairman*

Dennis Cook	C. I. Miller
W. C. Taylor	A. H. Fleming
J. F. Duke	

## RED CROSS DISASTER RELIEF COMMITTEE

C. M. Parks, *Chairman*

W. M. Matheson	A. W. Craver
C. A. Barkley	J. W. Whitehead
H. E. Nixon	

Is there any further business to come before this Session? If not, I declare the 65th meeting of the North Carolina Dental Society adjourned to meet in Charlotte next year. (Gavel.) (Applause.)

## ROSTER OF MEMBERS

## FIRST DISTRICT

*A. D. Abernethy, Sr.....	Granite Falls
*David Abernethy, Jr.....	Hickory
*G. S. Abernethy.....	Hickory
*W. R. Aiken.....	Asheville
L. P. Baker (Life).....	Kings Mountain
*O. C. Barker (Life).....	Asheville
*Marshall Robert Barringer.....	Newton
*A. P. Beam.....	Shelby
*W. F. Bell.....	Asheville
C. C. Bennett.....	Asheville
*E. N. Biggerstaff.....	Spindale
A. W. Bottoms.....	Canton
*W. H. Breeland.....	Belmont
*J. F. Campbell.....	Hickory

*W. W. Carpenter.....	Hendersonville
H. H. Carson (Life).....	Hendersonville
*W. K. Chapman.....	Sylva
*W. E. Clark.....	Asheville
*A. P. Cline.....	Canton
*Ralph D. Coffey.....	Morganton
*E. W. Connell.....	Mount Holly
*Dennis S. Cook.....	Lenoir
Dean H. Crawford.....	Marion
*E. M. Cunningham.....	Biltmore
*A. C. Current.....	Gastonia
J. M. Cheek.....	Raleigh
*William Davenport.....	Spruce Pine
*F. W. Davis.....	Asheville
J. E. Derby.....	Tryon
B. A. Dickson.....	Marion
*H. C. Dixon.....	Shelby
*B. C. Drum.....	Conover
*D. W. Dudley.....	Asheville
*A. C. Edwards.....	Lawndale
*George J. Evans.....	Asheville
*P. R. Falls (Life).....	Gastonia
*R. L. Falls.....	Morganton
*J. R. Fritz.....	Hickory
*H. O. Froneberger.....	Gastonia
*S. P. Gay.....	Waynesville
I. K. Grimes.....	Asheville
*C. J. Goodwin.....	Brevard
B. F. Hall.....	Asheville
*C. H. Harrell.....	Lincolnton
*Paul E. Hedrick.....	Lenoir
F. B. Hicks.....	Hickory
R. C. Hicks.....	Shelby
C. Highsmith.....	Gastonia
*Milo J. Hoffman.....	Asheville
*J. Spencer Howell.....	Morganton
*Ralph R. Howes.....	Forest City
F. L. Hunt.....	Asheville
*E. L. Holt.....	Murphy
O. R. Keith.....	Hendersonville
*A. A. Lackey.....	Fallston
O. Preston Lewis.....	Kings Mountain
J. B. Little (Life).....	Hickory
R. A. Little.....	Asheville
*N. P. Maddux.....	Asheville
L. H. Mann.....	Asheville
*James A. Marshburn.....	Black Mountain
*W. M. Matheson.....	Boone
*H. M. May.....	Asheville
N. M. Medford.....	Waynesville
*O. L. Moore.....	Lenoir
O. S. Moore.....	Mount Holly
*Jessie Zachary Moreland.....	Highlands
*S. E. Moser.....	Gastonia
C. B. Mott.....	Morganton



*Chas. S. McCall.....	Forest City
*D. E. McConnell (Life).....	Gastonia
C. H. McCracken.....	Asheville
*W. J. McDaniel.....	Rutherfordton
Daisy McGuire.....	Sylva
*Noracella E. McGuire.....	Sylva
*W. P. McGuire.....	Sylva
J. R. Osborne (Life).....	Shelby
J. M. Parker (Life).....	Asheville
*W. H. Parker.....	Valdese
George K. Patterson.....	Asheville
*C. M. Peeler.....	Shelby
*Hugh S. Plaster.....	Shelby
Cecil A. Pless.....	Asheville
Arthur M. Ramsay.....	Marshall
*J. L. Raymer.....	Shelby
W. C. Raymer.....	Newton
R. C. Rhea.....	Canton
*John F. Reece.....	Lenoir
Luther C. Rollins.....	Canton
L. T. Russell.....	Canton
*R. B. Sams.....	Mars Hill
*I. R. Self (Life).....	Lincolnton
*James A. Sinclair (Life).....	Asheville
W. M. Sloop.....	Crossnore
*S. H. Steelman.....	Lincolnton
R. R. Steinman.....	Enka
*C. W. Stevens.....	Conover
Paul W. Troutman.....	Hickory
*W. J. Turbyville.....	Asheville
*R. C. Weaver.....	Asheville
E. S. Wehunt.....	Cherryville
*C. T. Wells.....	Canton
J. L. West.....	Franklin
Frank R. Wilkins.....	Forest City
*C. M. Whisnant.....	Burnsville
W. K. Whitson.....	Asheville
*T. A. Wilkins (Life).....	Gastonia
P. W. Winchester.....	Morganton
L. W. Woody.....	Spruce Pine
*P. P. Yates.....	Lenoir
*C. B. Yount.....	Hickory

## SECOND DISTRICT

*George S. Alexander.....	Kannapolis
*Frank O. Alford.....	Charlotte
T. I. Allen.....	Charlotte
Fred J. Anderson.....	Winston-Salem
*John L. Ashby.....	Mount Airy
L. D. Arthur.....	Charlotte
*Dale F. Arthur.....	Charlotte
J. E. Banner (Life).....	Mount Airy
*Carl A. Barkley.....	Winston-Salem
*J. R. Bell.....	Charlotte

A. Mack Berryhill.....	Charlotte
*J. P. Bingham.....	Lexington
*A. R. Black.....	Charlotte
*V. A. Black.....	Charlotte
*C. A. Blackburn.....	Winston-Salem
Daniel B. Boger.....	Charlotte
*I. A. Booe.....	King
*H. L. Brooks.....	Monroe
*A. S. Bumgardner.....	Charlotte
*R. T. Byerly.....	Winston-Salem
*R. P. Casey.....	North Wilkesboro
Allen Heath Cash.....	Winston-Salem
*A. C. Chamberlain, Jr.....	North Wilkesboro
E. C. Choate.....	Salisbury
*E. G. Click (Life).....	Elkin
W. J. Conrad (Life).....	Winston-Salem
L. C. Couch.....	Elkin
*Vernon H. Cox.....	Winston-Salem
R. W. Crews.....	Thomasville
*Hylton K. Crotts.....	Winston-Salem
*W. Clyde Current.....	Statesville
*V. L. DeHart.....	Walnut Cove
*S. C. Duncan.....	Monroe
*R. H. Ellington.....	Salisbury
Marvin R. Evans.....	Winston-Salem
S. L. Folger.....	Dobson
J. M. Folger.....	Dobson
*Burke W. Fox.....	Charlotte
*J. B. Freedland.....	Charlotte
*R. A. Frye.....	Pilot Mountain
*C. E. Furr.....	Concord
*W. D. Gibbs.....	Charlotte
*J. H. Guion.....	Charlotte
*R. B. Harrell.....	Elkin
*A. P. Hartness.....	Winston-Salem
J. F. Hartness.....	Davidson
Frank K. Haynes (Life).....	Charlotte
Gary Hesseman.....	Charlotte
H. C. Henderson (Life).....	Charlotte
*Ralph E. Herman.....	Taylorsville
*L. O. Herring.....	Charlotte
*O. R. Hodgin.....	Thomasville
*D. W. Holcomb.....	Winston-Salem
*L. C. Holshouser.....	Rockwell
*J. M. Holland.....	Statesville
R. H. Holliday.....	Thomasville
*P. E. Horton (Life).....	Winston-Salem
P. C. Hull.....	Charlotte
*R. Nat Hunt.....	Lexington
*Wm. A. Ingram.....	Monroe
*Ralph F. Jarrett.....	Charlotte
H. C. Jent.....	Winston-Salem
*F. G. Johnson.....	Lexington
*O. L. Joyner.....	Kernersville

*H. L. Keel.....	Winston-Salem
James L. Keerans.....	Charlotte
Cyrus Clifton Keiger (Life).....	Charlotte
V. B. Kendrick.....	Charlotte
Z. V. Kendrick.....	Charlotte
*W. L. Kibler.....	Charlotte
*O. B. Kirby.....	Charlotte
F. W. Kirk.....	Salisbury
*J. Donald Kiser.....	Charlotte
*A. R. Kistler.....	Monroe
G. L. Krueger.....	Charlotte
*G. A. Lazenby.....	Statesville
*Edwin W. Lipe.....	Kannapolis
*W. C. Logan.....	Winston-Salem
J. G. Marler (Life).....	Yadkinville
Ernest L. Martin.....	Statesville
Guy M. Masten.....	Winston-Salem
*R. Philip Melvin.....	Winston-Salem
*F. C. Mendenhall.....	Winston-Salem
*Daniel B. Mizell.....	Charlotte
*D. O. Montgomery.....	Statesville
*E. D. Moore.....	Charlotte
*Paul Moorefield.....	Mount Airy
*E. Brown Morgan.....	Concord
*T. Duke Morse.....	Walkertown
*J. A. McClung (Life).....	Winston-Salem
J. M. Neel (Life).....	Salisbury
*J. H. Nicholson.....	Statesville
Eva Carter Nissen.....	Winston-Salem
Otis Oliver.....	Mount Airy
*Olin W. Owen.....	Charlotte
*C. M. Parks.....	Winston-Salem
J. Hugh Parks.....	Kannapolis
R. M. Patterson.....	Concord
*F. N. Pegg.....	Kernersville
J. Claybourne Pennington.....	Thomasville
Ralph E. Petree.....	Charlotte
*John R. Pharr.....	Charlotte
*A. J. Pringle.....	Lawsonville
*J. P. Reece.....	Concord
E. H. Reich.....	Winston-Salem
R. L. Reynolds.....	Lexington
Grady L. Ross.....	Charlotte
*Haywood Ross.....	Charlotte
Hubert B. Sapp.....	Concord
Ralph Schmucker.....	Charlotte
*W. A. Secrest.....	Winston-Salem
C. F. Smithson (Life).....	Charlotte
Wade A. Sowers.....	Lexington
*R. E. Spoon.....	Winston-Salem
*Harold E. Story.....	Charlotte
*Stephen H. Strawn.....	Marshville
J. R. Secrest.....	Winston-Salem
*R. R. Shoaf.....	Lexington

*B. C. Taylor.....	Landis
Carolyn Taylor.....	North Wilkesboro
*C. F. Taylor.....	Charlotte
*L. A. Taylor.....	Winston-Salem
L. E. Taylor.....	Charlotte
W. A. Taylor.....	North Wilkesboro
*W. C. Taylor.....	Salisbury
*C. L. Thomas.....	Mount Airy
*Harold W. Thompson.....	Low Gap
*Roy Lee Thompson.....	Winston-Salem
*L. P. Trivette.....	Mooreville
M. L. Troutman.....	Kannapolis
*Moultrie H. Truluck.....	Charlotte
R. D. Tuttle.....	Winston-Salem
F. N. Tomlinson.....	Winston-Salem
C. H. Wadsworth.....	Concord
*Bernard N. Walker.....	Charlotte
*L. E. Wall.....	Charlotte
*D. T. Waller.....	Charlotte
*J. C. Watkins (Life).....	Winston-Salem
*G. E. Waynick.....	Winston-Salem
*I. M. Waynick.....	Winston-Salem
B. H. Webster.....	Charlotte
*C. D. Wheeler.....	Salisbury
*T. P. Williamson.....	Charlotte
*G. W. Yokeley.....	Winston-Salem
K. M. Yokeley.....	Winston-Salem
J. W. Zimmerman.....	Salisbury

### THIRD DISTRICT

*C. A. Adams, Jr.....	Durham
P. Y. Adams.....	High Point
*Theodore Atwood.....	Durham
*J. S. Betts (Life).....	Greensboro
W. W. Bowling.....	Durham
*J. D. Bradsher.....	Roxboro
*R. W. Brannock.....	Burlington
*L. H. Butler.....	Greensboro
*Frederick Silver Caddell.....	Graham
*Daniel T. Carr.....	Durham
*Henry C. Carr.....	Durham
*James N. Caudle.....	Reidsville
*I. C. Clark.....	Mebane
*R. R. Clarke.....	Chapel Hill
*W. F. Clayton (Life).....	High Point
*L. G. Coble (Life).....	Greensboro
*Cecil Crank.....	Greensboro
*A. W. Craver.....	Greensboro
*Leland M. Daniels.....	Southern Pines
*L. M. Edwards.....	Durham
*J. H. Ellerbe.....	Rockingham
*D. H. Erwin.....	Greensboro
Rosco M. Farrell (Life).....	Pittsboro

*W. I. Ferrell.....	Troy
*H. Kemp Foster.....	Greensboro
*L. M. Foushee, Jr.....	Burlington
*J. S. Frost.....	Burlington
*J. M. Gardner.....	Gibson
Reid T. Garrett.....	Rockingham
*F. E. Gilliam.....	Burlington
*C. A. Graham.....	Ramseur
J. J. Hamlin.....	High Point
John N. Hester.....	Reidsville
*W. R. Hinton.....	Greensboro
*R. H. Holden.....	Durham
J. E. Holt.....	Greensboro
*Jack H. Hughes.....	Roxboro
A. H. Johnson.....	Greensboro
*Chas. D. Johnston, Jr.....	Elon College
*J. P. Jones.....	Chapel Hill
*H. A. Karesh.....	Greensboro
*C. D. Kistler.....	Randleman
*G. E. Kirkman.....	Greensboro
*George F. Kirkland.....	Durham
*J. T. Lasley.....	Greensboro
Chas. T. Lipscombe (Life).....	Greensboro
D. K. Lockhart (Life).....	Durham
B. R. Long.....	Greensboro
*H. S. Long.....	Graham
*R. E. Long.....	Roxboro
*Robert Masten.....	Greensboro
J. R. Meador.....	Reidsville
*E. M. Medlin.....	Aberdeen
*Chas. Ivy Miller.....	Albemarle
J. B. Milliken.....	Siler City
J. S. Moore.....	Reidsville
*H. W. Moore.....	Hillsboro
*Paul L. Munsell.....	Hamlet
*H. V. Murray.....	Burlington
*W. F. Mustain.....	Durham
H. L. Monk, Jr.....	Durham
Charles W. McAnally.....	Madison
S. H. McCall.....	Troy
A. A. McDuffie.....	Candor
*William Roy McKaughan.....	High Point
*J. B. Newman.....	Burlington
*R. T. Nichols (Life).....	Rockingham
*Carl P. Norris (Life).....	Durham
*L. G. Page.....	Yanceyville
*H. M. Patterson.....	Burlington
*D. R. Pitts.....	High Point
*Charles C. Poindexter.....	Greensboro
*E. F. Pope.....	Albemarle
*O. L. Presnell.....	Asheboro
*Wm. A. Pressly.....	Greensboro
*H. R. Pearman.....	Asheboro
*A. P. Reade.....	Durham



*Alexander Liles Richardson.....	Leaksville
*J. B. Richardson.....	High Point
*R. E. Richardson.....	Spray
*Norman F. Ross.....	Durham
D. R. Salisbury.....	Asheboro
*J. C. Senter.....	Albemarle
*E. W. Shackelford (Life).....	Durham
*S. W. Shaffer.....	Greensboro
B. B. Shamberger (Life).....	Star
*Neal Sheffield.....	Greensboro
*T. Edgar Sikes.....	Greensboro
*J. S. Spurgeon (Life).....	Hillsboro
*Alex R. Stanford.....	Greensboro
*C. N. Stone.....	Greensboro
*Frank M. Stonestreet.....	Albemarle
*John Swain (Life).....	Asheboro
C. H. Teague.....	Greensboro
*Everett R. Teague.....	Reidsville
E. A. Troxler.....	Greensboro
*J. T. Underwood.....	Durham
*R. L. Underwood.....	Greensboro
*E. R. Warren.....	Mebane
*Richard Goode Wharton.....	Sanatorium
*Charles M. Wheeler.....	Greensboro
*J. H. Wheeler (Life).....	Greensboro
P. B. Whittington.....	Greensboro
*R. A. Wilkins.....	Burlington
B. W. Williamson.....	Hamlet
*J. F. Williamson.....	Wadesboro
*F. Spencer Woody.....	Roxboro
*G. N. Yates.....	Durham
*L. H. Zimmerman.....	High Point
L. R. Zimmerman.....	High Point
T. R. Zimmerman.....	High Point

FOURTH DISTRICT

*C. E. Abernethy.....	Raleigh
*H. L. Allen.....	Henderson
R. T. Allen (Life).....	Lumberton
*B. L. Aycock.....	Princeton
*Clarence D. Bain (Life).....	Dunn
*E. D. Baker.....	Raleigh
C. A. Blalock.....	Wendell
*A. D. Barber.....	Sanford
James B. Bardin.....	Chadbourn
*Victor E. Bell.....	Raleigh
*R. M. Blackman.....	Selma
*S. L. Bobbitt, Jr.....	Raleigh
*E. A. Branch.....	Raleigh
*Howard Branch.....	Raleigh
*J. Walter Branham.....	Raleigh
*E. H. Broughton.....	Raleigh
*C. H. Bryan.....	Apex
*J. K. Bryan.....	Oxford

*L. E. Buie.....	Raleigh
*T. T. Bullard.....	Roseboro
*Robert Byrd .....	Raleigh
N. G. Carroll (Life).....	Raleigh
*H. R. Chamblee.....	Raleigh
*R. D. Clements.....	Raleigh
*H. E. Coleman.....	Warrenton
*J. F. Coletrane.....	Zebulon
*W. E. Campbell.....	Raleigh
*A. S. Cromartie (Life).....	Fayetteville
*I. H. Davis (Life).....	Oxford
*George E. Dennis.....	Raleigh
*J. R. Edwards.....	Fuquay Springs
*Paisley Fields (Life).....	Fairmont
*S. J. Finch.....	Oxford
*Arthur H. Fleming (Life).....	Louisburg
*J. Martin Fleming (Life).....	Raleigh
*Cecil Fuquay .....	Coats
*Edmond Theodore Glenn.....	Smithfield
*Reid T. Goe.....	Raleigh
*R. F. Graham.....	Rowland
L. J. Hair (Life).....	Fayetteville
*G. Fred Hale.....	Raleigh
N. T. Holland (Life).....	Clayton
*G. L. Hooper.....	Dunn
*S. Robert Horton (Life).....	Raleigh
*E. B. Howle (Life).....	Raleigh
*I. H. Hoyle.....	Henderson
*J. K. Hunt.....	Jonesboro
*E. W. Hunter.....	Sanford
*Thomas M. Hunter.....	Henderson
*Wilbert Jackson.....	Clinton
*John A. Jernigan.....	Dunn
*Charles B. Johnson.....	Lillington
*J. C. Johnson.....	Raleigh
*K. L. Johnson.....	Raleigh
*M. L. Johnson.....	Whiteville
*Marvin T. Jones, Jr.....	Raleigh
*R. S. Jones.....	Warrenton
*J. S. Judd (Life).....	Fayetteville
*E. N. Lawrence.....	Raleigh
*E. G. Lee.....	Clinton
Kemp Lindsay .....	Fayetteville
*H. O. Lineberger.....	Raleigh
*W. T. Martin (Life).....	Raleigh
L. M. Massey.....	Zebulon
*W. J. Massey, Jr.....	Smithfield
*L. J. Moore.....	St. Pauls
*E. W. McCracken (Life).....	Sanford
*S. R. McKay.....	Lillington
*Walter L. McRae.....	Red Springs
*R. M. Olive.....	Fayetteville
*Lawrence H. Paschal.....	Fayetteville
Anton A. Phillips.....	Warrenton
*D. L. Pridgen.....	Fayetteville

*J. M. Pringle.....	Elizabethtown
*Paul Person .....	Apex
*W. W. Rankin.....	Raleigh
*C. W. Sanders.....	Benson
*Everette L. Smith.....	Raleigh
*D. T. Smithwick.....	Louisburg
D. I. Stallings.....	Thomasville, Ga.
*J. E. Swindell.....	Raleigh
W. W. Taylor.....	Warrenton
*J. J. Tew.....	Clayton
*S. B. Towler.....	Raleigh
M. F. Townsend.....	Lumberton
*R. A. Turlington (Life).....	Clinton
A. D. Underwood.....	Raleigh
*M. A. Waddell.....	Fair Bluff
S. R. Watson (Life).....	Henderson
*J. W. Whitehead.....	Smithfield
*Dewitt C. Woodall.....	Erwin
*W. F. Yates.....	Chadbourn
*T. L. Young.....	Raleigh

FIFTH DISTRICT

*Sidney V. Allen.....	Wilmington
*Vernon M. Barnes.....	Wilson
*M. D. Bissett.....	Wilson
A. B. Bland.....	Wallace
A. C. Bone.....	Rocky Mount
*Dewey Boseman .....	Wilson
J. O. Broughton.....	Wilmington
*J. W. Brown.....	Rich Square
*H. E. Butler.....	Elizabeth City
*J. P. Butler.....	Farmville
J. D. Carlton (Life).....	Rocky Mount
F. G. Chamblee.....	Spring Hope
*Harvey W. Civils.....	New Bern
Fred H. Coleman.....	Wilmington
R. C. Daniels.....	Southport
R. A. Daniels.....	Roanoke Rapids
J. H. Dreher (Life).....	Wilmington
*J. F. Duke.....	Washington
*L. J. Dupree.....	Kinston
*A. C. Early.....	Aulander
*C. D. Eatman.....	Rocky Mount
*E. L. Eatman.....	Rocky Mount
*J. R. Edundson (Life).....	Wilson
*H. A. Edwards.....	Pink Hill
*Z. L. Edwards.....	Washington
*Darden J. Eure.....	Morehead City
*Paul Fitzgerald .....	Greenville
*Marcus Alton Garriss.....	Weldon
C. H. Geddie.....	Elm City
E. C. Grady.....	Elm City
Wallace S. Griffin.....	Edenton
*Arthur Gollobin .....	Elizabeth City

W. L. Hand.....	New Bern
*Guy V. Harris.....	Belhaven
*M. M. Harris.....	Elizabeth City
W. I. Hart.....	Edenton
*Oscar Hooks (Life).....	Wilson
*R. F. Hunt.....	Rocky Mount
C. L. Hutchinson.....	Bethel
*M. E. Herman.....	Enfield
*A. T. Jennette.....	Washington
*B. McK. Johnson.....	Greenville
*C. B. Johnson.....	New Bern
*J. N. Johnson (Life).....	Goldsboro
Wade H. Johnson.....	Plymouth
*Paul E. Jones (Life).....	Farmville
*Dennis F. Keel.....	Farmville
*J. M. Kilpatrick.....	Robersonville
E. T. Koonce.....	Kinston
*C. G. Lancaster.....	Windsor
*A. R. Mallard.....	Goldsboro
*S. E. Malone (Life).....	Goldsboro
Sandy C. Marks.....	Wilmington
*M. B. Massey.....	Greenville
W. C. Mercer.....	Williamston
*Leslie J. Meredith (Life).....	Wilmington
*Clyde E. Minges.....	Rocky Mount
*Carl N. Moore.....	Wilmington
R. W. Moore.....	Tarboro
*B. R. Morrison.....	Wilmington
*W. E. Murphrey.....	Roanoke Rapids
*Coyte R. Minges.....	Rocky Mount
*H. E. Nixon.....	Elizabeth City
*G. L. Overman.....	Goldsboro
William Parker.....	Elizabeth City
*Gates McKaughan.....	Rocky Mount
*Z. V. Parker.....	New Bern
*Guy E. Pigford.....	Wilmington
*J. G. Poole.....	Kinston
*S. D. Poole.....	Goldsboro
*C. G. Powell.....	Ahoskie
*Jordan B. Powell, Jr.....	Ahoskie
*G. W. Price.....	Kinston
*W. T. Ralph.....	Belhaven
*C. R. Riddick.....	Ayden
*Alfred M. Schultz.....	Greenville
*James H. Smith.....	Wilmington
*Junius C. Smith.....	Wilmington
*W. T. Smith (Life).....	Wilmington
*Thos. W. Smithson.....	Rocky Mount
*Herbert Spear.....	Kinston
*J. L. Spencer.....	Williamston
*J. W. Stanley (Life).....	Wilmington
*W. B. Sherrod.....	Scotland Neck
*E. W. Tatam.....	Mount Olive
*C. A. Thomas.....	Wilmington

*J. E. L. Thomas.....	Tarboro
*Horace K. Thompson.....	Wilmington
*Robert Lee Tomlinson.....	Wilson
*R. S. Turlington.....	Goldsboro
*J. V. Turner.....	Wilson
*L. R. Turner.....	Jacksonville
W. J. Ward.....	Weldon
W. M. Ward.....	Roanoke Rapids
*Ramsey Weathersbee .....	Wilmington
*H. E. Weeks.....	Tarboro
*J. Frank West.....	Roanoke Rapids
*A. P. Whitehead.....	Rocky Mount
*R. L. Whitehurst.....	Rocky Mount
*R. E. Williams.....	Goldsboro
*O. L. Wilson.....	Kinston
*W. L. Woodard.....	Beaufort
*A. L. Wooten.....	Wilson
*J. Hugh Yelverton (Life).....	Wilson
*W. H. Young.....	Burgaw
*J. W. Zachary.....	Hertford
Cedric Vollers Ziberlin.....	Wallace

\* Indicates members registered at the Sixty-fifth Annual Meeting, Raleigh, N. C., May 1, 2, and 3, 1939.  
(Life) Life members, by virtue of having paid dues for twenty-five consecutive years.

### INACTIVE LIST

L. V. Henderson.....	Virginia
J. S. Hoffman.....	Charlotte
W. F. Maderis.....	Charlotte
P. L. Pearson.....	Apex
J. H. Ihrie.....	Wendell
J. A. Oldham.....	Wilmington
W. F. Jones.....	North Wilkesboro
H. R. Cromartie.....	Raeford
Ralph Ray .....	Gastonia

### DENTISTS LICENSED TO PRACTICE IN NORTH CAROLINA AT THE OFFICIAL EXAMINATION HELD JUNE 1939

Dr. Richard D. Darby.....	Dallas, N. C.
Dr. Alice McGuire.....	Sylva, N. C.
Dr. Harold McGuire.....	Andrews, N. C.
Dr. William D. Yelton.....	Lawndale, N. C.
Dr. Joe V. Davis, Jr.....	Concord, N. C.
Dr. George W. Smith.....	Rutherfordton, N. C.
Dr. N. B. Woodard.....	Gatesville, N. C.
Dr. I. R. Self, Jr.....	Lincolnton, N. C.
Dr. Stuart J. Ward.....	Robersonville, N. C.
Dr. Paul T. Harrell.....	Cofield, N. C.
Dr. Ervin M. Funderburk.....	Trion, Ga.



Dr. J. T. Thomas.....	Greensboro, N. C.
Dr. G. B. F. Traylor.....	Rich Square, N. C.
Dr. Amand C. Vipond.....	Norfolk, Va.
Dr. N. D. Fox.....	New Hope, N. C.
Dr. M. O. Fox.....	New Hope, N. C.
Dr. Thomas G. Nisbet.....	Huntersville, N. C.
Dr. Ben Grant, Jr.....	Andrews, N. C.
Dr. Dan Wright.....	Greenville, N. C.
Dr. John E. Pleasants.....	Aberdeen, N. C.
Dr. Raymond R. Renfrow.....	Fair Bluff, N. C.
Dr. Pearson W. Brown.....	Asheville, N. C.
Dr. James P. Bingham, Jr.....	Lexington, N. C.
Dr. Harold E. Plaster.....	Winston-Salem, N. C.
Dr. Howard D. Apple.....	Reidsville, N. C.
Dr. Charles F. Herndon, Jr.....	Eberton, Ga.
Dr. Guy R. Willis.....	Marshallberg, N. C.
Dr. Samuel J. Potts.....	Fair Bluff, N. C.
Dr. W. E. Neal.....	Stuart, Va.
Dr. Walter McFall.....	Nashville, Tenn.

#### PRESIDENTS OF THE SOCIETY SINCE ITS ORGANIZATION

1875-76.....	*B. F. Arrington	1905-06.....	J. S. Betts
1876-77.....	*V. E. Turner	1906-07.....	J. R. Osborne
1877-78.....	*J. W. Hunter	1907-08.....	*D. L. James
1878-79.....	*E. L. Hunter	1908-09.....	F. L. Hunt
1879-80.....	*D. E. Everett	1909-10.....	J. C. Watkins
1880-81.....	*Isaiah Simpson	1910-11.....	A. H. Fleming
1881-82.....	*M. A. Bland	1911-12.....	P. E. Horton
1882-83.....	*J. F. Griffith	1912-13.....	*R. G. Sherrill
1883-84.....	*W. H. Hoffman	1913-14.....	C. F. Smithson
1884-85.....	*J. H. Durham	1914-15.....	J. A. Sinclair
1885-86.....	*J. E. Matthews	1915-16.....	I. H. Davis
1886-87.....	*B. H. Douglas	1916-17.....	*R. O. Apple
1887-88.....	*T. M. Hunter	1917-18.....	*R. M. Squires
1888-89.....	*V. E. Turner	1918-19.....	J. N. Johnson
1889-90.....	*S. P. Hilliard	1919-20.....	W. T. Martin
1890-91.....	*H. C. Herring	1920-21.....	J. H. Judd
1891-92.....	*C. L. Alexander	1921-22.....	*W. M. Robey
1892-93.....	*F. S. Harris	1922-23.....	S. R. Horton
1893-94.....	*C. A. Rominger	1923-24.....	*R. M. Morrow
1894-95.....	*H. D. Harper	1924-25.....	J. A. McClung
1895-96.....	*R. H. Jones	1925-26.....	H. O. Lineberger
1896-97.....	*J. E. Wyche	1926-27.....	B. F. Hall
1897-98.....	*H. V. Horton	1927-28.....	E. B. Howle
1898-99.....	C. W. Banner	1928-29.....	I. R. Self
1899-1900.....	*A. C. Liverman	1929-30.....	J. H. Wheeler
1900-01.....	*E. J. Tucker	1930-31.....	Paul E. Jones
1901-02.....	J. S. Spurgeon	1931-32.....	Dennis Keel
1902-03.....	*J. H. Benton	1932-33.....	Wilbert Jackson
1903-04.....	J. M. Fleming	1933-34.....	Ernest A. Branch
1904-05.....	*W. B. Ramsey	1934-35.....	L. M. Edwards

1935-36.....	Z. L. Edwards	1938-39.....	G. Fred Hale
1936-37.....	D. L. Pridgen	1939-40.....	F. O. Alford
1937-38.....	J. F. Reece		

\* Deceased.

## HONORARY MEMBERS

Ames, J. W.....	Smithfield, Va.
Austin, J. L.....	Chattanooga, Tenn.
Baker, Stanley.....	Greenwood, S. C.
Ball, Edward L.....	Cincinnati, Ohio
Bear, Harry.....	Richmond, Va.
Bland, C. A.....	Charlotte, N. C.
Bogle, R. B.....	Nashville, Tenn.
Byrnes, R. R.....	Atlanta, Ga.
Callahan, P. E.....	McRae, Ga.
Cannon, Claude C. ....	Fayette, Ala.
Cason, W. L.....	Athens, Ga.
Collins, Clara C.....	Atlanta, Ga.
Cooper, George M.....	Raleigh, N. C.
Cuthbertson, C. W.....	Washington, D. C.
Dale, J. A.....	Nashville, Tenn.
Dunning, W. B.....	New York, N. Y.
Eby, Joseph D.....	54 East 62d St., New York City
Foster, S. W.....	Atlanta, Ga.
Garrett, Steve A.....	Atlanta, Ga.
Goldberg, E. H.....	Bennettsville, S. C.
Gorman, J. A.....	New Orleans, La.
Gurley, Webb B.....	Richmond, Va.
Hardin, W. R.....	Atlanta, Ga.
Harrison, Guy R.....	Richmond, Va.
Hartzell, Thomas B.....	Minneapolis, Minn.
Hill, Thomas J.....	Cleveland, Ohio
Hoffer, Carl W.....	Nashville, Tenn.
Howard, Clinton C.....	Atlanta, Ga.
Howe, Percy R.....	Boston, Mass.
Huff, M. D.....	Atlanta, Ga.
Jasper, E. A.....	St. Louis, Mo.
Jennings, G. A. C.....	Richmond, Va.
Jeserich, Paul D.....	Ann Arbor, Mich.
Johnson, H. H.....	Macon, Ga.
Kelsey, H. L.....	Baltimore, Md.
King, Otto U.....	Chicago, Ill.
Kracke, Roy R.....	Emory University, Atlanta, Ga.
Lambert, W. E.....	Atlanta, Ga.
LANIER, William D.....	Oteen, N. C.

Maves, T. W.....	Minneapolis, Minn.
Malone, R. W.....	U. S. Navy
Mead, Sterling V.....	Washington, D. C.
Milner, H. A.....	Aiken, S. C.
Moore, S. W.....	Baltimore, Md.
Neil, Ewell.....	Nashville, Tenn.
Netherlands, Frank.....	Asheville, N. C.
Nodine, Alonzo M.....	London
Paffenbarger, Geo. C.....	Washington, D. C.
Price, Weston.....	Cleveland, Ohio
Quattlebaum, E. G.....	Columbia, S. C.
Rickert, U. G.....	Ann Arbor, Mich.
Robinson, J. Ben.....	Baltimore, Md.
Ruhl, J. P.....	New York City
Russell, A. Y.....	Baltimore, Md.
Rutledge, B.....	Florence, S. C.
Sears, Andy W.....	Jacksonville, Fla.
Sears, Victor H.....	New York City
Sheffield, L. Langdon.....	Toledo, Ohio
Simpson, R. L.....	Richmond, Va.
Summerman, D. H.....	Philadelphia, Pa.
Smith, A. E.....	Chicago, Ill.
Spratley, W. W.....	Richmond, Va.
Star, E. L.....	Philadelphia, Pa.
Stevenson, Albert H.....	New York City
Stewart, H. T.....	New York City
Stone, A. E.....	Philadelphia, Pa.
Strickland, A. C.....	Anderson, S. C.
Sturdivant, R. E.....	Atlanta, Ga.
Tench, R. W.....	New York City
Thompson, Webb.....	Spartanburg, S. C.
Tilesen, H. B.....	Louisville, Ky.
Tuller, Charles S.....	New Orleans, La.
Turner, C. R.....	Philadelphia, Pa.
Visanska, S. A.....	Atlanta, Ga.
Vonderlehr, R. A.....	Washington, D. C.
Wash, A. M.....	Richmond, Va.
Whitaker, J. D.....	Indianapolis, Ind.
White, J. A.....	Williamston, N. C.
Wooding, C. E.....	Winston-Salem, N. C.
Wright, John B.....	Raleigh, N. C.

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## HISTORY OF NORTH CAROLINA DENTAL SOCIETY NOW AVAILABLE

A detailed and fascinating History of the North Carolina Dental Society is now available. It covers the years of our progress in North Carolina from 1856 to date. The dusty archives, private and public, of long forgotten years were delved into with painstaking care and the fragments of history have been put together in an interesting and illuminating way.

This history, written by, Dr. J. Martin Fleming, will grow more valuable as time passes. There is less than four hundred of this priceless original edition available.

Since there is not a sufficient number of the original edition to supply the membership of the North Carolina Dental Society, it is advisable for those who would treasure this history to forward their check for six dollars (\$6.00) to Dr. W. T. Martin, Professional Building, Raleigh, North Carolina.

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### DISTRICT SOCIETY MEETINGS

First District, October 8-9.

Second District, October 9-10, Monroe, Monroe Hotel.

Third District, October 23-24, Burlington, Alamance Hotel.

Fourth District, October 16-17, Raleigh, Carolina Hotel.

Fifth District, October 15-16, Elizabeth City, Virginia Dare Hotel.

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THE  
BULLETIN  
OF  
The North Carolina  
Dental Society

COMPONENT OF THE AMERICAN DENTAL ASSOCIATION



CONTAINING THE PROGRAMS  
OF THE  
ANNUAL MEETINGS  
OF THE  
DISTRICT SOCIETIES

Vol. 23

OCTOBER, 1939  
GREENSBORO, N. C.

No. 2



\*



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CHARLOTTE, N. C.





To

DR. W. T. MARTIN

*For his many faithful years of service to his profession and to  
mankind and whose genial personality, high ideals  
and sterling character has earned a place of  
highest esteem in the hearts of his  
colleagues.*

# THE BULLETIN

....of....

## THE NORTH CAROLINA DENTAL SOCIETY

(Component of the American Dental Association)

VOL. 23

OCTOBER, 1939

No. 2

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Subscription per year .....\$1.00

### OFFICERS, 1939-40

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DR. C. M. PARKS, President-Elect .....Winston-Salem  
DR. H. ROYSTER CHAMBLEE, Vice-President .....Raleigh  
DR. PAUL FITZGERALD, Secretary-Treasurer .....Greenville

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DR. NEAL SHEFFIELD .....Greensboro

### ASSOCIATE EDITOR-PUBLISHER

DR. R. E. LONG .....Roxboro

It is as easy to deceive oneself without perceiving it, as it is difficult to deceive others without their perceiving it.—*La Rochefoucauld*.

“Elevate the standards of the qualifications of the dental surgeon to a level with those of the medical practitioner.”

—*Dr. Chapin A. Harris, 1840.*



## INVEST IN KNOWLEDGE

We are familiar with the quotation, "Knowledge is Power". Your investment in stocks and bonds may show great gains today but next week your ledger may be in the red. Your investment in knowledge is a safe one and as you use it the value greatly increases. Knowledge can be imparted to others but no one can take it from you.

We have a great treat in store for us next month. Your District Society meetings will afford a great opportunity for you to add to your store of knowledge. Hear your lecturers and pay close attention to the clinics. Valuable information will be available and we profit greatly by observing closely the techniques demonstrated in the clinics of our colleagues.

Let us not lose sight of the fact that by the use of our knowledge we will not only render a great service to our patients but in return we will be rewarded by the satisfaction that we have served our communities and helped our people to greater health. GO TO YOUR DISTRICT MEETINGS AND INVEST IN KNOWLEDGE.

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## THE MISSOURI DENTAL HISTORY

The History of Dentistry in Missouri, published by the Missouri State Dental Association with Dr. Edward E. Haverstick as Chairman of the History Committee contains six hundred pages. This volume is the result of six years work on the part of the committee in compiling and assimilating material. Chapter one deals with General Dental History in which Ancient, Medieval Period, Sixteenth and Seventeenth Centuries and early American Dentistry is discussed, early dental leaders, literature and scientific contributions to the profession are presented in a very interesting manner, and should be of great interest to all members of the profession.

A vivid account of the pioneers in early Missouri Dentistry, and "the survey of the dental organizations within the state, their code of ethics, dental laws and dental publications. It contains biographical notes of the founders and presidents of the Missouri State Dental Association and dentists from the districts outside of the St. Louis and Kansas City districts."

The dentists of Missouri as well as the profession at large owe this committee a debt of gratitude for this very splendid volume. May this be an incentive to other states who have not recorded the history of their profession that they do so at an early date before those trails blazed by the early pioneers have become dimmed by time and the rush and hurry of present day living.

## FIRST DENTAL LECTURE\*

Gentlemen, the profession for which you are preparing, is honourable; it is useful; it is one that will enable you to be serviceable to your fellows,—to relieve much of human pain, and to mitigate many mortal woes. Though it may not require of you to combat the more violent and aggravated forms of disease that are incident to man, you will have to treat those that demand nearly or quite an equal degree of acumen and skill; and if you would possess these, it will be necessary that you devote yourselves diligently and perseveringly to their acquisition; that you faithfully employ the time that you design appropriating to your studentship, in acquainting yourselves with the structure of the parts implicated in them—their pathology and therapeutical indications. If you would be able to arrest the diseases that come within the province of the profession for which you are preparing, and prevent the various evils that are frequently consequent thereupon, or, in other words, if you would be able to preserve those invaluable organs, the teeth, and thus secure to those by whom you may be consulted, one of the greatest of earthly blessings, a healthy denture, endeavour to attain the knowledge that will enable you to do it.

If you would command respect, and enjoy the confidence of those among whom it may be your lot hereafter respectively to reside, let it be your persevering endeavour to deserve them. Resolve that you will not be satisfied with mere mediocral abilities in the calling for which you are qualifying. Resolve to put forth all your energies for its acquisition, that you may be able to take rank among the most scientific and skilful. If you do not do this, the fault will be your own, and I am sure that your teachers will labour to little purpose in endeavouring to impart instruction to you, unless you strive to profit therefrom. Let one then, who will feel a deep and anxious solicitude for your success, urge you to diligence in the pursuit of the knowledge you are now seeking. Its possession can alone enable you to discharge in a correct and proper manner, the intricate and complicated duties you are preparing to assume. Let then, a pure and high ambition stimulate you to zealous and unwearied exertion, and be assured that you will never be reproached by the future, for time misspent, or for failing to realize to those who shall seek professional aid at your hands, the benefits which the art is capable of bestowing.

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\*The above is an excerpt from the first dental lecture delivered before the first class of the first Dental School in the world, by Chapin A. Harris, M.D., November 3, 1840. We reprint this in honor of Dr. Harris and his associates who founded the First Dental School, The Baltimore College of Dental Surgery. The advice and sound principles set forth are as true today as they were one hundred years ago.

## PRESIDENT'S PAGE

This issue of the Bulletin will reach our membership before the meetings of the District Societies and I can't make too urgent appeal to all members to attend these meetings. In my travels over the State during the past six years I have noticed a remarkable improvement in operation of the Components, the manner of conducting their meetings, and general efficiency. They are most necessary to the growth of the State Society, which is an agency through which our present knowledge of dental practice has been coordinated and preserved in a systematic form most available and most valuable for the individual; an agency through which protective legislation has been enacted; an agency through which modern methods and technics have come to us and it is the only agency through which our future may be assured. I should stress that these benefits, as well as many others, through the organizations, can come to us in proportion as we accept our obligation and responsibility to support the organizations. Let us all make a special effort to attend these District Meetings this fall. They offer so much to our development.

The work of the District Officers and Committees in preparing the programs justifies our attendance as an expression of our appreciation for their efforts to be of service. As you plan to go to the meeting, if a new graduate is practicing near you, call him and bring him with you. It will be a courtesy which he will appreciate.

Before another Bulletin is published, your 1940 membership dues will be due. I would like to make a plea that each member pay his dues before January 1st. We closed the year with the largest membership in the history of the North Carolina Dental Society. To all of those interested in and responsible for this achievement, the officers extend their appreciation. This year we, of course, aim at greater heights and we ask for the same loyal cooperation in prompt payment. You are going to pay your dues, so why not do it promptly?

You will also have the opportunity and privilege to contribute to the American Dental Association Relief Fund before January 1st. As the years pass, more men are growing old. The need for such a fund becomes more apparent. May we never be charged with the crime of neglect. One never knows when *HE* may have to call for help from this fund. Half of your contribution is returned to our own Relief Fund Committee and the remaining half is supplied at the time the relief is rendered, so actually all of the contributions made from the State will be distributed in the State. Let's all send in our dollar and make the North Carolina Dental Society 100% for this year.

At this early date I can say but little about the program for our 1940 meeting, except that the Program Committee has planned a most instructive program. The Committee met in Durham in July and the work is well under way.

They promise to make the 1940 meeting a record breaker.

FRANK O. ALFORD.

## CONTACT YOUR NON-MEMBER NOW

By the time this issue of the Bulletin reaches you the annual meetings of the District Societies will be rapidly approaching. From advance information these meetings will be up to the high standard of previous years, and in some instances I believe better than ever before. The district officers and committees have worked hard, travelled many miles, and spent time and money preparing the programs. The least we can do is to give our support and co-operation to them by being in attendance. Your district meeting will give you an opportunity for real benefit to yourself, to your patients and to your Society. We cannot attend these meetings, mix and mingle with our fellow practitioners and attend the scientific program without going back home prepared better than ever before to render a real dental service.

You who have attended these meetings regularly in the past know these facts. But what about that neighbor who is not a member? If he is an ethical man, why not interest him in going along with you to the meeting? Ask yourself the question, does he know what organized dentistry, as exemplified by your State and District Societies, has done for him even though he is not a member? Does he know how those old wheel-horses back in 1867, 1877 and finally in 1879 so gloriously and unselfishly fought for the enactment of a dental law under which he so smugly practices today? Does he know how this same North Carolina Dental Society in the intervening years has sponsored numerous amendments to this law to make it one of the best in the land? Does he realize that his professional security today is made possible through the organized effort of his predecessors during the past seventy-five years? During the life of the North Carolina Dental Society our profession has passed from the status of merely a trade to a definite branch of the healing art. Volumes could be written on these accomplishments. Can the non-member reap these benefits and at the same time refuse to share the responsibilities, without acknowledging his debt to organized dentistry? You and I know that he cannot. Then why does he not associate himself with the organization that has meant so much to him, to you and to me? I believe it is because he has not taken the time to acquaint himself with the facts. It is due simply to a lack of interest. Like so many of us, he is prone to follow the line of least resistance, without the moral courage to face the facts as they really are. So let each one of us appoint ourselves a committee of one to awaken in him the realization of this responsibility and bring him to our District Meeting this Fall as a new member. Make him feel that the Society needs him just as much as he needs the Society. Make him feel that no member of our profession can remain unto himself and hope to attain that degree of success made possible through co-operation one with the other. It is too futile to try to make a go of it alone. Life is too short. If you as a member will give your best efforts toward this end, you will be supporting and upholding the hand that feeds you and at the same time helping your brother to discharge a duty rightfully expected of him. There are approximately 225 white dentists practicing in this



state who are not members of our Society. At least half of these should be eligible for membership. Let's do our best to make them members.

Mark off the date of your District Meeting on your appointment book now. Avail yourself of the opportunity of adding to your store of knowledge and at the same time get the thrill of greeting old friends and acquaintances. And bring along that new member. You will go back home a better dentist and capable of rendering a better service to your fellow man.

CLAUDE M. PARKS,  
*Director of Districts.*

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## SECRETARY-TREASURER'S PAGE

It is fall again. How swiftly the years go by. This is the time of year when the smoke curls up lazily from the chimney tops, and in the early mornings we feel that tang in the air that tells us winter is just in the offing. Truly, the melancholy days have come.

We can scarcely realize that it is again time for our District meetings.

Our President, Dr. Alford and Dr. Parks are anxious that we take to our District meetings new members and re-instatements of old members. We can make contacts with these fellows and bring them into the Society.

The task of making our District meetings interesting and filling the program with enthusiasm has fallen on our shoulders. Will we measure up?

We admire the men who began this work and those who have labored so faithfully for our profession, and now, it is up to us to carry on, so that our organization may reach even greater heights than it has in the past.

Your Program Committee has been working, shaping up a program for our Charlotte meeting. We haven't much definite information which we can give out as yet. However, we have secured Dr. W. H. Wright of Pittsburgh, Pa., one of the country's leaders in Prosthetics who will be one of our major clinicians. Dr. Wright presents his lectures and clinics in an instructive and interesting manner.

Then, we will have with us, Dr. H. E. Williams (The Sage of Red Bank) of Red Bank, N. J., who will lecture on "Bread and Butter Dentistry." This lecture will be especially interesting.

I am confident that Dr. Alford is going to have one of the best meetings in Charlotte that we have yet attended.

Our immediate job however is to arrange our schedules for our District meetings and by our presence make each one outstanding.

PAUL FITZGERALD,  
*Secretary-Treasurer.*



## **SOME OBSERVATIONS**

The American Dental Association, in the broad sense, is the head of the Dental Profession and as its sails are set so goes dentistry. Our members who attend the A. D. A. Meeting from year to year are impressed with an ever changing profession, and a few observations will serve to show the trend.

### **JOURNALISM**

The meeting of the American Association of Dental Editors in Milwaukee brought out very forcefully the fact that Professionally Controlled Journalism was making great strides. Practically every State Society now publishes their own Bulletin or Journal. The policy, of all Journals of national circulation, is to instruct and improve the Dental Profession rather than publicize some Commercial Organization. The day of the "Throw Away" trade journal is passing.

### **COMMERCIALISM**

Only a short time ago our profession was literally overrun by certain business organizations and a few professional men, with great commercial plans. They were telling of the many accomplishments which could be had through Public Health Education—Economics—Better Business, etc. This policy seemed to flourish for awhile, but some of the program was always very distasteful to those societies and members of a different view point. For several years now the A.D.A. has gradually withdrawn what little support it had given this commercial trend. At the 1929 meeting the House of Delegates adopted a definite anti-commercial policy. The various health committees were consolidated. The Committee on Economics had hard sledding. The Dental Institute of America was turned down. The proposition to have the A.D.A. manufacture and sell tooth powder was never favorably considered. In other words, it was made clear that the Dentists of America were still in a Profession and not in a business which peddled its wares in the market places.

### **DENTAL MANUFACTURERS AND LABORATORIES**

The practicing dentists and those working with them, either as manufacturers, dealers or technicians, seem to be getting on better terms. There appears to be a more cooperative attitude. This relationship can be strengthened in North Carolina by the Committee on Commercial Relations, provided all concerned will agree on proper rules of ethical conduct. Dr. W. H. Wright, Pittsburgh, Pa., a recognized authority on this relationship, will address us at our State Meeting next May in Charlotte.

## SOCIAL AND EDUCATIONAL

The leaders of our profession are thoroughly aware of the present day changes, both Social and Educational and are recommending constructive changes. The Dental Profession, in both the State and Nation, has as fine leadership as we have ever had. It behooves us to cooperate by doing our part to support and maintain those high ethical standards which have been set for us by our predecessors and those now in authority.

THE DENTAL PROFESSION TRULY MARCHES ON AND  
FACES THE FUTURE UNAFRAID.

H. O. LINEBERGER, *Delegate.*

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BEFORE THE NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS  
NORTH CAROLINA, WAKE COUNTY  
IN RE: APPLICATION OF RALPH C. FLOWERS FOR A LICENSE TO RESUME  
THE PRACTICE OF DENTISTRY IN NORTH CAROLINA.  
JUDGMENT

This matter again coming on to be heard before the North Carolina State Board of Dental Examiners, all members being present, at an adjourned meeting held pursuant to call, at the King Cotton Hotel in Greensboro, North Carolina, on September 4th, 1939, on application of Ralph C. Flowers for a license to resume the practice of dentistry in North Carolina, and being heard upon an agreed stipulation and verbal testimony as to the character of applicant submitted to said board, at a meeting of said board held at the Carolina Hotel in Raleigh, North Carolina, on July 24, 1939, at which time applicant appeared in person and was represented by Hon. W. C. Feimster, Attorney; and it appearing to said board that the said Ralph C. Flowers, while a practicing dentist in Forsyth County, North Carolina, was, at the October Term of the Forsyth County Superior Court, in the year 1936, indicted and convicted on a charge of conspiracy to rob with firearms,—the same being a crime involving moral turpitude; and that as a result of said conviction the said Ralph C. Flowers was sentenced to the State Penitentiary for a term of 7 to 10 years, from which judgment and sentence he appealed to the Supreme Court of North Carolina, where said judgment was affirmed; that pursuant to said judgment applicant entered upon service of his sentence on July 22, 1937, and was conditionally paroled on July 26, 1938, for the remainder of his term; and it further appearing that after said applicant had been convicted and sentenced as aforesaid, and while his appeal was pending in the Supreme Court of North Carolina, he applied to the State Board of Dental Examiners for license to practice dentistry for the year 1937, and that on Septem-

ber 6, 1937, he was notified by letter from said board that his application for renewal license had been denied, on account of his criminal record in Forsyth County which had been confirmed by the Supreme Court of North Carolina, and that from said time until now said applicant has not been granted license to practice dentistry in North Carolina; and that on account of the fact that applicant has been convicted of a felony involving moral turpitude, and is now out of the penitentiary for the balance of his term under a conditional parole, the Board of Dental Examiners is of the opinion, and so finds as a fact, that said applicant, Ralph C. Flowers, is an unfit person to practice dentistry in North Carolina.

It is thereupon considered, ordered and adjudged by the Board of Dental Examiners, in its discretion, and for the reasons assigned, that the application of Ralph C. Flowers, for license to resume the practice of Dentistry in North Carolina, be and the same is hereby denied.

This 4th day of September, 1939.

WM. F. BELL, *President*,  
WILBERT JACKSON, *Secretary*,  
PAUL E. JONES,  
C. C. POINDEXTER,  
J. L. ASHBY,  
C. A. GRAHAM,

*North Carolina State Board of Dental Examiners.*

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### GOOD TO REMEMBER

“Trade is occupation for livelihood;

Profession is occupation for service of the world.

Trade is occupation for joy of the result;

Profession is occupation for joy in the process.

Trade is occupation where anybody may enter;

Profession is occupation where only those who are prepared may enter.

Trade is occupation taken up temporarily until something better offers;

Profession is occupation with which one is identified for life.

Trade makes one the rival of any other trader;

Profession makes one the cooperator with all his colleagues.

Trade knows only the ethics of success;

Profession is bound by lasting ties of sacred honor.

—*Pres. Faunce of Brown University.*

## DENTISTS ASSIGNED TO RED CROSS UNITS

The following dentists have been appointed to serve on the Red Cross Emergency Relief Committee. All men appointed on this committee are urged to report to their respective chapters if they have not already done so and familiarize themselves with the duties of this appointment.

### FIRST DISTRICT

Dr. Clyde Whisnant,  
Burnsville, N. C.,  
Yancey County Chapter.

Dr. W. Kermit Chapman,  
Silva N. C.,  
Jackson County Chapter and  
Swain County Chapter.

Dr. W. F. Bell,  
Asheville, N. C.,  
Buncombe County Chapter.

Dr. S. E. Moser,  
Gastonia, N. C.,  
Gaston County Chapter.

Dr. E. L. Holt,  
Murphy, N. C.,  
Cherokee County Chapter,  
and Andrews Chapter.

Dr. W. M. Sloop,  
Crossnore, N. C.,  
Avery County Chapter.

Dr. James A. Marshburn,  
Black Mountain, N. C.,  
Black Mountain Chapter.

Dr. Ralph Coffey,  
Morganton, N. C.,  
Burke County Chapter.

Dr. J. F. Reece,  
Lenoir, N. C.,  
Caldwell County Chapter.

Dr. C. T. Wells,  
Canton, N. C.,  
Canton Chapter.

Dr. Hugh Plaster,  
Shelby, N. C.,  
Cleveland County Chapter.

Dr. S. P. Gay,  
Waynesville, N. C.,  
Haywood County Chapter.

Dr. H. H. Carson,  
Hendersonville, N. C.,  
Henderson County Chapter.

Dr. L. P. Baker,  
Kings Mountain, N. C.,  
Kings Mountain Chapter

Dr. I. R. Self,  
Lincolnton, N. C.,  
Lincoln County Chapter.

Dr. Macon H. Hewitt,  
Marion N. C.,  
Marion Chapter.

Dr. J. E. Derby,  
Tryon, N. C.,  
Polk County Chapter.

Dr. W. J. McDaniel,  
Rutherfordton, N. C.,  
Rutherford County Chapter

Dr. J. C. Goodwin,  
Brevard, N. C.,  
Transylvania County Chapter.

Dr. Wm. M. Matheson,  
Boone, N. C.,  
Watauga County Chapter.

Dr. J. F. Campbell,  
Hickory, N. C.,  
Catawba County Chapter

Dr. J. L. West,  
Franklin, N. C.,  
Macon County Chapter.

Dr. Bruce Sams,  
Mars Hill, N. C.,  
Madison County Chapter.

Chapters where no members of the  
First District are located:

Rev. R. L. Berry, Chm.,  
Alleghany County Chapter,  
Sparta, N. C.

Mr. L. P. Colvard, Actg. Chm.,  
Ashe County Chapter,  
Jefferson, N. C.

Miss Lydia Holman, Chm.,  
Mitchell County Chapter,  
Altapass, N. C.

SECOND DISTRICT

Dr. J. H. Guion,  
Charlotte, N. C.,  
Mecklenburg County Chapter.

Dr. Hylton Crotts,  
Winston-Salem, N. C.,  
Winston-Salem Chapter.

Dr. Chas. H. Wadsworth,  
Concord, N. C.,  
Cabarrus County Chapter.

Dr. G. S. Alexander,  
Kannapolis, N. C.,  
Cabarrus County Chapter.

Dr. Fred Hartness,  
Davidson, N. C.,  
Cornelius-Davidson Chapter.

Dr. J. H. Nicholson,  
Statesville, N. C.,  
Iredell County Chapter.

Dr. F. G. Johnson,  
Lexington, N. C.,  
Lexington Chapter.

Dr. C. D. Wheeler,  
Salisbury, N. C.,  
Salisbury Chapter and  
Spencer Chapter.

Dr. Otis Oliver,  
Mt. Airy, N. C.,  
Surry County Chapter.

Dr. R. W. Crews,  
Thomasville, N. C.,  
Thomasville Chapter.

Dr. A. R. Kistler,  
Monroe, N. C.,  
Union County Chapter.

Dr. A. C. Chamberlain,  
North Wilkesboro, N. C.,  
Wilkes County Chapter.

Dr. R. E. Herman,  
Taylorsville, N. C.,  
Alexander County Chapter.

THIRD DISTRICT

Dr. W. F. Clayton,  
High Point, N. C.,  
High Point Chapter.

Dr. George R. Salisbury,  
Asheboro, N. C.,  
Randolph County Chapter.

Dr. C. P. Norris,  
Durham, N. C.,  
Durham County Chapter.

Dr. J. C. Crank,  
Greensboro, N. C.,  
Greensboro Chapter.

Dr. J. F. Williamson,  
Wadesboro, N. C.,  
Anson County Chapter.

Dr. J. P. Jones,  
Chapel Hill, N. C.,  
Chapel Hill Chapter.

Dr. R. M. Farrell,  
Pittsboro, N. C.,  
Chatham County Chapter.

Dr. B. W. Williamson,  
Hamlet, N. C.,  
Hamlet Chapter.

Dr. A. L. Richardson,  
Leaksville, N. C.,  
Leaksville-Spray-Draper Chapter.

Dr. S. H. McCall,  
Troy, N. C.,  
Montgomery County Chapter.

Dr. E. M. Medlin,  
Aberdeen, N. C.,  
Moore County Chapter.

Dr. J. H. Hughes,  
Roxboro, N. C.,  
Person County Chapter.

Dr. John Hester,  
Reidsville, N. C.,  
Reidsville Chapter.

Dr. Reid Garrett,  
Rockingham, N. C.,  
Rockingham Chapter.

Dr. C. I. Miller,  
Albemarle, N. C.,  
Stanly County Chapter.

Dr. H. M. Patterson,  
Burlington, N. C.,  
Alamance County Chapter.

Dr. L. G. Page,  
Yanceyville, N. C.,  
Caswell County Chapter.

Dr. C. W. McAnally,  
Madison, N. C.,  
Mayodan-Madison Chapter.

Dr. H. W. Moore,  
Hillsboro, N. C.,  
Orange County Chapter.

No member located in:  
Scotland County Chapter,  
Laurinburg, N. C.



## FOURTH DISTRICT

Dr. C. E. Abernethy,  
Raleigh, N. C.,  
Wake County Chapter.

Dr. R. S. Jones,  
Warrenton, N. C.,  
Warren County Chapter.

Dr. J. H. Judd,  
Fayetteville, N. C.,  
Cumberland County Chapter.

Dr. J. J. Tew,  
Clayton, N. C.,  
Clayton Chapter.

Dr. C. D. Bain,  
Dunn, N. C.,  
Dunn-Erwin Chapter.

Dr. S. J. Finch,  
Oxford, N. C.,  
Granville County Chapter.

Dr. M. R. Smith,  
Raeford, N. C.,  
Hoke County Chapter.

Dr. A. D. Barber,  
Sanford, N. C.,  
Lee County Chapter.

Dr. A. H. Fleming,  
Louisburg, N. C.,  
Louisburg Chapter.

Dr. J. M. Pringle,  
Elizabethtown, N. C.,  
North Bladen County Chapter.

Dr. Wilbert Jackson,  
Clinton, N. C.,  
Sampson County Chapter.

Dr. Irby Hoyle,  
Henderson, N. C.,  
Vance County Chapter.

Dr. S. R. McKay,  
Lillington, N. C.,  
Harnett County Chapter.

Dr. J. W. Whitehead,  
Smithfield, N. C.,  
Johnston County Chapter.

No member located at:  
Franklinton Chapter,  
Franklinton, N. C.

## FIFTH DISTRICT

Dr. R. F. Hunt,  
Rocky Mount, N. C.,  
Rocky Mount-Nash County Chapter.

Dr. G. L. Overman,  
Goldsboro, N. C.,  
Wayne County Chapter.

Dr. S. C. Marks,  
Wilmington, N. C.,  
Wilmington Chapter.

Dr. Oscar Hooks,  
Wilson, N. C.,  
Wilson County Chapter.

Dr. W. H. Young,  
Burgaw, N. C.,  
Pender County Chapter.

Dr. J. W. Zachary,  
Hertford, N. C.,  
Perquimans County Chapter.

Dr. W. H. Johnson,  
Plymouth, N. C.,  
Plymouth Chapter.

Dr. W. L. Woodard,  
Beaufort, N. C.,  
Beaufort Chapter.

Dr. J. F. Duke,  
Washington, N. C.,  
Beaufort County Chapter.

Dr. W. I. Hart,  
Edenton, N. C.,  
Chowan County Chapter.

Dr. H. E. Weeks,  
Tarboro, N. C.,  
Edgecombe County Chapter.

Dr. J. G. Poole,  
Kinston, N. C.,  
Lenoir County Chapter.

Dr. W. L. Hand,  
New Bern, N. C.,  
New Bern Chapter.

Dr. M. B. Massey,  
Greenville, N. C.,  
Pitt County Chapter.

Dr. C. G. Lancaster,  
Windsor, N. C.,  
Bertie County Chapter.

Dr. J. M. Kilpatrick,  
Robersonville, N. C.,  
Robersonville Chapter.

Dr. W. B. Sherrod,  
Scotland Neck, N. C.,  
Scotland Neck Chapter.

Dr. Roy C. Daniels,  
Southport, N. C.,  
Southport Chapter.

Dr. C. L. Hutchinson,  
Columbia, N. C.,  
Tyrrell County Chapter.

Dr. W. J. Ward,  
Weldon, N. C.,  
Weldon Chapter.

Dr. J. F. West,  
Roanoke Rapids, N. C.,  
Roanoke Rapids Chapter.

Dr. C. G. Powell,  
Ahoskie, N. C.,  
Ahoskie Chapter.

Dr. H. E. Butler,  
Elizabeth City, N. C.,  
Elizabeth City Chapter.

Dr. M. E. Herman,  
Enfield, N. C.,  
Enfield Chapter.

Dr. W. C. Mercer,  
Williamston, N. C.,  
Martin County Chapter.

Dr. D. J. Eure,  
Morehead City, N. C.,  
Morehead City Chapter.

Dr. L. R. Turner,  
Jacksonville, N. C.,  
Onslow County Chapter.

No member located at:

Pamlico County Chapter,  
Bayboro, N. C.

Camden County Chapter,  
Belcross, N. C.

Clarkton Chapter,  
Clarkton, N. C.

Columbus County Chapter,  
Whiteville, N. C.

Currituck County Chapter,  
Grandy, N. C.

Dare County Chapter,  
Manteo, N. C.

Duplin County Chapter,  
Kenansville, N. C.

Gates County Chapter,  
Gatesville, N. C.

Greene County Chapter,  
Snow Hill, N. C.

Hertford County Chapter,  
Winton, N. C.

Hyde County Chapter,  
Swanquarter, N. C.

Jones County Chapter,  
Trenton, N. C.

Northampton County Chapter,  
Garysburg, N. C.

Bladenboro Chapter,  
Bladenboro, N. C.

Graham County Chapter,  
Robbinsville, N. C.

## **ANNOUNCEMENTS**

### **THE CHICAGO MEETING**

The Chicago Dental Society will hold its 1940 Midwinter Meeting February 12 to 15 inclusive, at the Stevens Hotel, according to an announcement by Dr. Harold W. Welch, President.

Plans are already well under way to make this the finest in the long series of successful meetings sponsored by the Chicago Dental Society.

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### **DENTAL HISTORIES ON SALE AT DISTRICT MEETINGS**

From correspondence to the District Secretaries it has been learned that in case you have not already purchased your copy of the History of the North Carolina Dental Society, your Secretary will have a supply on hand at your District Meeting. It is urged that you get your copy at the District Meeting before the supply is exhausted.

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### **DENTAL EQUIPMENT FOR SALE**

The dental equipment of the late Dr. O. W. Thrift is offered for sale, consisting of the following: Ritter Tri-Dent Unit, Ritter Chair, American Cabinet, Ritter Compressor, hand instruments and Laboratory Equipment.

This equipment may be purchased installed at the present location 514 South Elm Street, which has been an established office for fifteen years. Any one interested in the office as a location or the equipment separately should communicate with C. C. Fordham, 514 South Elm Street, Greensboro, N. C.

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Get your copy of the Dental History from the Secretary at your District Meeting.

## **HISTORY OF THE NORTH CAROLINA DENTAL SOCIETY**

To Dr. J. Martin Fleming, North Carolina dentists in particular and the profession as a whole owes a debt of gratitude for the fine work he has done in producing the History of The North Carolina Dental Society as Chairman of the committee on publication and as editor. Dr. Fleming begins his chronology just about a century ago and brings it up to date in a manner bordering on perfection. Any one who gives this publication a careful reading must be impressed with the facility with which he has emphasized the personalities of the pioneers and selected those salient points which has made this history so eminently satisfactory. This history portrays very graphically the changes that have come through the years, the advancement in thought and research and the gradual shift from a purely mechanical job to a scientific profession dealing with not only the restoration of the function of mastication but to a realization of the fact that dentistry is dealing with the human body as a whole. One wonders at the discouragement that our forefathers met with in an effort to obtain laws that were to the advantage of both the profession and the public. This fight is still not ended; however in recent years our legislatures have been most friendly to us and I believe we can confidently look forward to a continuance of this fine attitude. It is worth our time to review the laws that have been passed since 1879 up to the present. The papers that our editor has incorporated in the history are well chosen in that they give the high spots in the progress of our profession.

JNO. H. WHEELER.

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### **MEMBERS ATTENDING A.D.A. MEETING**

The following members attended the meeting of The American Dental Association, Milwaukee, Wisconsin, July 17-21 according to the records of the secretary of the association.

H. O. Lineberger, Raleigh; Wilbert Jackson, Clinton; C. E. Minges, Rocky Mount; R. M. Olive, Fayetteville; F. O. Alford, Charlotte; W. F. Bell, Asheville; Ernest A. Branch, Raleigh; Lewis F. Bumgardner, Charlotte; L. G. Coble, Greensboro; Ralph D. Coffey, Morganton; A. W. Craver, Greensboro; A. C. Current, Gastonia; R. L. Falls, Morganton; Burke W. Fox, Charlotte; K. L. Johnson, Raleigh; P. E. Jones, Farmville; W. D. Lanier, Jr., Oteen; W. T. Martin, Raleigh; H. M. Patterson, Burlington; Neal Sheffield, Greensboro; J. A. Sinclair, Asheville, C. D. Wheeler, Salisbury.

# DISTRICT SOCIETIES



## FIRST DISTRICT

President .....	CHAS S. McCALL, Forest City
President-Elect .....	WALTER E. CLARK, Asheville
Vice-President .....	W. K. CHAPMAN, Sylva
Secretary-Treasurer .....	WM. M. MATTHESON, Boone
Editor .....	DAVID ABERNETHY, JR., Hickory

## ATTEND THIS MEETING

The time for our annual district meeting is almost upon us and I want to urge every member of the First District Dental Society to meet in Morganton, October 9th. Morganton is so located that most of us can get there in from an hour and one-half to two hours driving, and there can be no finer season of the year for driving than the early fall when the mountains are in the highth of their beauty.

It is a time, too, when every dentist should stop and not only take stock of the results of his year's work, but he should also renew his enthusiasm for his work by attending the First District meeting.

Our program committee met several months ago and outlined a good program. Our President-Elect is a go-getter and you can expect a grand program as a result.

Our local committee has worked long and faithfully to perfect arrangements for our comfort and convenience and to make everything pleasant during our meeting in Morganton.

Let us lay aside our work and the war for one day and make this one day in Morganton a day of profit and pleasure.

CHAS. S. McCALL, *President.*



## FIRST DISTRICT MEETING

This year the meeting of the First District will be held at Morganton Sunday and Monday, October 8 and 9. Headquarters will be at the Caldwell Hotel, while the business and program will take place at the nearby community building.

Elsewhere in this bulletin will be found the lecture program of our meeting. It is sufficient here to state that Chairman Walter Clark and his committee have worked long and diligently in rounding out a well balanced program, given by a variety of capable clinicians.

Doctors Coffey and Falls of Morganton are in charge of the Arrangements Committee. These men are to be congratulated for their contribution in the preparation for the meeting. Not only have details of the physical requirements been made, but an interesting Sunday P. M. and evening has been planned. Sightseeing and golfing Sunday afternoon will be followed by a buffet supper at the Country Club, at which time the golf prizes will be awarded to the winners. Talented entertainers will add to the merriment of all at the buffet hour.

The program of the First District this year is arranged with the hope that many members of other districts will attend our meeting. Besides the educational value of the program, it is believed that many will be interested in the Sunday afternoon and evening features.

As Secretary of the First District, I heartily extend to each member (and his guests) of the North Carolina State Dental Society a most cordial welcome and invitation to visit our meeting in Morganton, Sunday and Monday, October 8 and 9.

WM. M. MATHESON,  
*Secretary-Treasurer.*

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## GOLF TOURNAMENT

The First District Dental Society holds its annual meeting in Morganton this year and the golf committee requests that each member bring his handicap from his home Pro. Prizes will be awarded for the low gross score, low net score, least number of putts and probably other low net scores as prizes are available. These prizes are being donated by the Supply Houses.

Tournament play will be confined to eighteen holes on Sunday, October 8th. Green fees will be reduced for the members on this date to one dollar. Arrange your foursome or get in touch with Dr. John R. Fritz, Hickory, N. C., if you wish to have the foursome arranged for you. The scorer in each group is requested to keep accurate count on the number of putts, hole by hole. Turn in your cards to Clarence Owens, the Morganton Pro immediately after you come in.

Prizes will be awarded at a golf dinner to be held at the club house Sunday night. Please let us know so a plate can be arranged for you.

JOHN FRITZ, *Chairman*  
*Golf Committee.*

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Get your copy of the Dental History from the Secretary at your District Meeting.



Hotel Caldwell, Convention Headquarters.

## PROGRAM

NINETEENTH ANNUAL SESSION  
FIRST DISTRICT DENTAL SOCIETY

Hotel Caldwell  
Morganton, N. C.

MONDAY, OCTOBER 9TH

8:30 A.M. Registration.

9:00 A.M. Opening Session.

Meeting Called to Order.

President Chas. S. McCall, D. D. S., Forest  
City, N. C.

Invocation.

Rev. Carey E. Gregory, First Presbyterian  
Church, Morganton, N. C.

9:15 A.M. President's Address.

Chas. S. McCall, D. D. S.

9:30 A.M. "Surgical Treatment of Pyorrhea"—Pa-  
per and Moving Pictures.

L. Frank Bumgardner, D. D. S., Char-  
lotte, N. C.

10:30 A.M. Slides showing "Surgical Treatment of  
Harelip and Cleft Palate."

William S. Justice, M. D., Asheville, N. C.

11:00 A.M. "Fixed Bridgework for the Average Den-  
tal Practice"—Paper and Slides.

James A. Vaughn, D. D. S., Nashville, Tenn.

12:30 A.M. Luncheon.

Introduction of Guests.

Greetings from North Carolina Dental Society.

Frank O. Alford, D. D. S., Charlotte N. C.

Greetings from North Carolina Director of Districts.

C. M. Parks, D. D. S., Winston-Salem, N. C.

Greetings from North Carolina State Board of Dental Examiners.

C. C. Poindexter, D. D. S., Greensboro, N. C.

2:00 P.M. Table Clinics —

"A Method of Permanent Preservation of Colors of Facings in Bridge Work."

James A. Sinclair, D. D. S., Asheville, N. C.

"Practical Children's Dentistry."

Walter T. McFall, D. D. S., Asheville, N. C.

"Lower Posterior Bridge — The Tilted Molar as Abutment."

W. H. Parker, D. D. S., Valdese, N. C.

"Analysis of Some Amalgam Defects."

David Abernethy, D. D. S., Hickory, N. C.

"Incidental Points which can be Used in Office."

P. W. Winchester, D. D. S., Morganton, N. C.

"Importance of X-Rays Regarding Periodontia."

J. Fred Campbell, D. D. S., Hickory, N. C.

3:00 P.M. Clinic:

"Fixed Bridge Work for Average Dental Practice."

James J. Vaughn, D. D. S., Nashville, Tenn.

SYNOPSIS: "Those essentials and fundamentals which every good dentist knows, will be stressed and encouraged. A plea will be made for conservative treatment of this all important phase of every-day dental practice."

The factors of occlusion, the advantages and disadvantages of fixed bridgework, the necessity of proper diagnosis and treatment planning will be discussed in detail.

Individual steps from cavity preparation through attachment, pontics, and assembling of the bridge will be illustrated. Various types of attachments will be shown illustrating how additional retention may be obtained in the conventional preparation.

4:30 P.M. Business Session.

5:00 P.M. Adjournment.

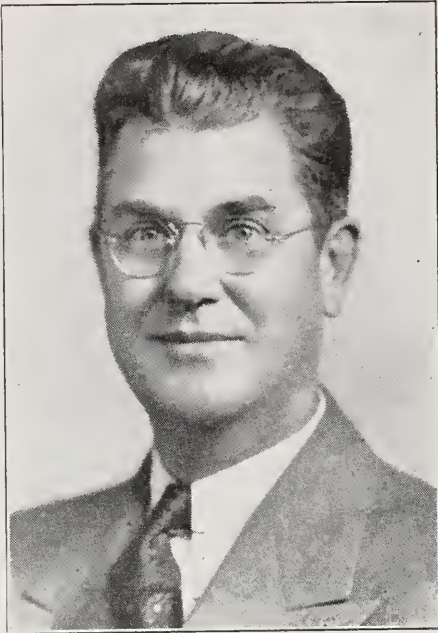
DR. WALTER E. CLARK, *Chairman*,

DR. D. H. CRAWFORD,

DR. RALPH D. COFFEY,

*Program Committee.*

## DR. VAUGHN IS GUEST OF FIRST DISTRICT



James J. Vaughn, D. D. S., Nashville, Tennessee is appearing before the First District Society in Morganton. Dr. Vaughn comes before the group highly recommended as a clinician. In presenting his subject: "Fixed Bridge Work for Average Dental Practice" a plea will be made for conservative treatment of this all important phase of every day dentistry.

See this clinic and expect to carry home some good points that can be put to use in your every day practice.

## THE TRI-COUNTY SOCIETY

In 1932 the Dentists of Caldwell County got their heads together to have a little society among themselves. At the second meeting which was at Pappy Ab's cabin in Caldwell (if you haven't been there you have missed a treat) they had guests from Burke and Catawba, and everyone being agreeable the Tri-County was formed.

Dr. Abernethy says there was a local society "Way Back" before the State was divided into Districts, and that this Tri-County has sort of followed that up. We will have him give us a story on that some time. That **WOULD** be interesting.

The Tri-County now includes Lincoln County. They were taken in a few months ago at the meeting in Valdese. Also a new Dentist has located in Lincoln—Dr. Ruffin Self, Jr., who graduated from Atlanta Southern last spring.

The meetings of the Society are held the second Monday in each month. We have dinner and a program of business and instructions. We have clinics and papers given by members of the society and guests. Round table discussions are common for when two Dentists get together they will tell of this unusual case or that. A committee is appointed in the town where the next meeting is to be. This committee takes care of the program and the food.

By meeting in the different towns in the counties and in no one town too often it takes about the whole year to get around, so we do not recess in the summer months. In the summer we do have one or two social meetings or Ladies Night at which time we enjoy having our wives and assistants.

So any time you are up in this neck of the woods on a meeting night we would be more than glad to have you as our guest.

BILL PARKER, *President.*

## ASHEVILLE DENTAL STUDY CLUB

The officers of the Asheville Dental Study Club are as follows: Dr. Patterson, President; Dr. J. M. Marshburn, Vice President; and Dr. W. R. Aiken, Secretary-Treasurer.

We meet at S. & W. Cafeteria the third Tuesday in each month, and we extend a cordial invitation to any visiting Dentists to meet with us. Due to Asheville's cool climate our meetings are continued through the summer.

In August our annual outing was held at Senyard Creek Lodge, a private lodge in Pisgah National Forest. Twenty members and guests attended.

W. R. AIKEN, *Secretary.*

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## FIRST DISTRICT NEWS

Another fall and the whole world talks of war. How it will affect you and I is hidden under the veil of the future. In the meantime, we must do our daily task and concentrate on becoming better practitioners to render our patients better service.

One method of advancing dentistry is by education of the patient at the chair. We are too prone to rush into a case without showing the patient the value of our services and how preventive dentistry will save his teeth, his health and his money.

A consideration of the patient's general health and the condition of his entire mouth should be noted and charted. Good records, as well as good services, will increase efficiency.

So much for these practice hints. What we are really leading up to is the District meeting to be held this year in Morganton. Let's go up there and have a real meeting. We can make it the best yet if you and you and you will help. We will see you in Morganton!

## TRI-COUNTY NEWS

The Tri-County will resume activity with the next meeting which will be held at Pappy Ab's Cabin the eleventh. Dr. William Parker of Valdese is the president for this year. A full program is planned for the winter.

## PERSONAL

Dr. Carl Mott is still under the weather from his ocean experience and is convalescing at Black Mountain. Go by and see him if you can, he will be glad to see you, we are sure.

DAVID ABERNETHY, *Editor First District.*

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Get your copy of the Dental History from the Secretary at your District Meeting.



## SECOND DISTRICT

President .....	O. R. HODGIN, Thomasville
President-Elect .....	J. H. GUION, Charlotte
Vice-President .....	R. M. PATTERSON, Concord
Secretary-Treasurer .....	C. A. BARKLEY, Winston-Salem
Editor .....	D. O. MONTGOMERY, Statesville

## ON TO CHARLOTTE

The 19th annual meeting of the 2nd District Dental Society promises to be one of the best we have ever had. It will be held at the Charlotte Hotel in Charlotte, October 9th-10th.

We are fortunate in having on our program Dr. Clarence O. Simpson, of St. Louis, Mo., and Dr. L. G. McGinnis, of Birmingham, Ala.

I feel sure that each dentist in the district will want to hear these lectures. We know that the success of the meeting depends largely on the number of the members who are interested enough to attend.

At this time of the year it will help us all to close our offices, meet together, discuss our mutual problems, and try to gain information and inspiration for the coming year's work. We extend a hearty welcome to our own members, state officers and members of other districts to meet with us.

Remember, Charlotte October 9th and 10th.

O. R. HODGIN, *President.*

## SECOND DISTRICT HAS OUTSTANDING PROGRAM

When Dr. O. R. Hodgin, president of our district asked me as program chairman to write a short message concerning the program, I was at a loss as to what to say, but now that our committee, with the close cooperation of all the officers of our district, has completed its job, I can't help but say, that our program this year should be one of the most interesting and most informative on the subjects most needed by all men practicing dentistry.

We have Dr. Clarence Simpson of St. Louis, Mo., who is without a doubt the most outstanding man on radiodontics. He will give us in detail the facts on the weakest but most important subject that confronts our profession.

We have Dr. L. G. McGinnis of Birmingham, Alabama, a younger man and new to us, but a man with wide experience and a man who stands at the top of his specialty. Dr. McGinnis will bring to us a concise picture of how to diagnose and remove impactions along with how to handle the complicated cases that are not impacted.

These two men come to us without extra cost to our membership, traveling many miles at a financial loss to themselves hoping to give us something that will improve us not only as dentists but as men, for no man can listen to the biggest men of our profession without gaining knowledge and inspiration.

We have, also, twelve outstanding clinics given by men from our district, which you will find interesting and practical.

These men have worked hard to produce good clinics and I hope you will give them the same interest that you give the men from a distance, for sometimes a prophet is not recognized within his own household.

To see and hear all clinics you must be on time in the beginning or you will miss important features of the clinics.

RALPH F. JARRETT,  
*Chairman Program Committee.*

## EXCELLENT PROGRAM

We have planned an excellent program for our meeting of the Second District Dental Society in Charlotte, October 9th and 10th. It will be a pleasure to share this good program with our friends of all districts. If at all possible I am sure you will be benefited in many ways by attending this meeting. Dr. Clarence O. Simpson of St. Louis comes for six hours of X-ray technic and diagnosis. He is reputed to be the X-ray man of the country. Dr. L. G. McGinnis comes from Birmingham, Ala., with the subject Diagnosis of Mandibular third molars when impacted and technic of removal. Dr. McGinnis is a former associate of Dr. Winter. You will within a week or so receive our program and will be able to get further information from it. Hoping to see many of you there.

CARL A. BARKLEY, *Secretary-Treasurer.*

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## MEMBERS OF THE SECOND DISTRICT

When you read your program of the Second District meeting which is to be held in October you will realize that the program and clinic committees have spared no effort to make this one of the most instructive meetings we have ever had.

The attendance of Second District meetings have always been good, but let's all go this year and make this really a good meeting. Members of other Districts are always welcome. Come and enjoy the meeting with us.

D. O. MONTGOMERY, *Editor.*

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## PROGRAM

### SECOND DISTRICT DENTAL SOCIETY

Charlotte Hotel

Charlotte, N. C.

MONDAY, OCTOBER 9TH

8:30 A.M. Registration.

9:00 A.M. Opening Session.  
(Ball Room)

Meeting Called to Order by the President.  
O. R. Hodgkin, D. D. S., Thomasville, N. C.

Invocation—

By C. W. Durden, D. D., Pastor St. John's  
Baptist Church, Charlotte, N. C.

Address of Welcome—

By Ben E. Douglas, Mayor, Charlotte,  
N. C.

Response—

By B. N. Walker, D. D. S., Charlotte, N. C.

Greetings from the North Carolina Den-  
tal Society—

By Frank Alford, D. D. S., President, Char-  
lotte N. C.

Greetings from Director of Districts—

By C. M. Parks, D. D. S., Winston-Salem,  
N. C.

Greetings from North Carolina Board of  
Dental Examiners—

By C. C. Poindexter, D. D. S., Greensboro,  
N. C.

President's Address—

O. R. Hodgin, D. D. S., Thomasville, N. C.

Introduction of Visitors.

Receiving Applications for Membership  
in District and State Societies.

10:15 A.M. "The Essentials of Radiodontic Service."  
(Illustrated)

Clarence O. Simpson, M. D., D. D. S., St.  
Louis, Mo.

SYNOPSIS: The causes and effects of inadequate radiodontic service. The utility of radiography in dentistry. The technical analysis of radiographs. The principal cause of misinterpretation. The fundamentals of interpretation. The correlation of clinical and radiodontic evidence. The economic features of radiodontic service.

12:30 A.M. Adjournment for Lunch and Observing  
Dental Exhibits.

## MONDAY AFTERNOON

2:00 P.M. "Demonstration of Radiodontic Technic."

Clarence O. Simpson—(Continued)

SYNOPSIS: The utility of careless technic. Orderly procedure to facilitate the examinations and to produce efficient service. Principles of image projection. Posing of patients. Division of dental arches for systematic examination. Calculation of projecting angles and the modifying factors. Estimation of exposure. Placement and retention of film packets for symmetric alignment and to minimize distortion. Special technic for children. Interapproximal, extraoral and occlusal view examinations. Dangers and protection. Chemical processes. Methods of mounting and viewing.

4:00 P.M. Table Clinics—

"Impacted Teeth and their removal with  
Minimum of Trauma." (Practical Case  
and its removal.)

Grady Ross, D. D. S., Charlotte, N. C.

"A Simple and Effective Technic for Ob-  
taining Tight Proximal Contact and  
Eliminating Overhanging Margins in  
Class Two Amalgam Restorations."

Vance Kendrick, D. D. S., Charlotte, N. C.

"Periodontal Lesions Before and After  
Treatment."

D. B. Mizell, D. D. S., Charlotte N. C.

"The Development of a Dental Instru-  
ment."

L. Dale Arthur, D. D. S., Charlotte, N. C.

"Exhibit of Protrusive Malocclusions."

A. S. Bumgardner, D. D. S., Charlotte,  
N. C.

"Problems and Possibilities of Dentistry."

C. D. Wheeler, D. D. S., Salisbury, N. C.

"Wax Veneer Impression Technic for  
Lower Dentures."

Harold W. Thompson, D. D. S., China  
Grove, N. C.

"Space Maintainers—Cast in One Piece."

Philip Melvin, D. D. S., Winston-Salem,  
N. C.

"Nitrous Oxide Analgesia and Anesthesia."

Hylton K. Crotts, D. D. S., Winston-Salem,  
N. C.

"Utilizing Meyerson's Denture Tooth for  
Anterior Bridgework."

A. C. Chamberlain, Jr., D. D. S., North  
Wilkesboro, N. C.

"Method of Determining Length of  
Needle."

E. G. Click, D. D. S., Elkin, N. C.

"Improved and Simple Technic for Three-  
quarter Crowns."

Geo. S. Alexander, D. D. S., Kannapolis,  
N. C.

5:30 P.M. Recess.

#### MONDAY EVENING

6:30 P.M. Banquet in the Charlotte Hotel Ball  
Room.

8:00 P.M. Clarence O. Simpson, M. D., D. D. S.,  
(Continued)

10:00 P.M. Business Session: Election of Officers.

#### TUESDAY MORNING, OCTOBER 10TH

9: A.M. "Diagnosis of Mandibular third molars  
when impacted and technic for removal  
of each deflection of each class."

L. G. McGinnis, D. D. S., Birmingham, Ala.

Dr. McGinnis requests that each doctor bring X-rays of cases that have  
troubled them and he will diagnose same from the screen. This not only  
applies to impactions, but any case such as broken roots, exotosis, dry sockets  
and post operative treatment.

Please prepare questions as this is to be a post graduate course from a  
man of wide experience.

11:30 A.M. Business Session and Installing New  
Officers.

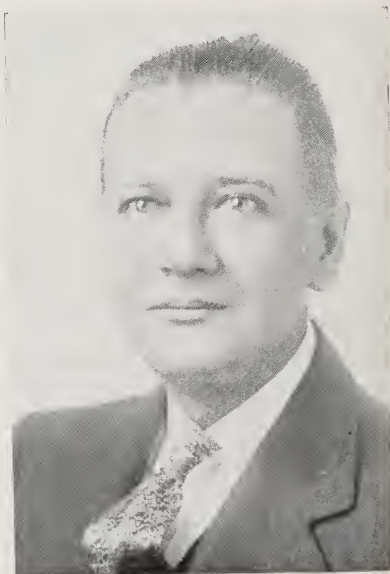
Adjournment.

## VISITING CLINICIANS



Dr. Clarence O. Simpson of St. Louis graduated from the Chicago College of Dental Surgery in 1902, and the Barnes Medical College in 1906. He is Past President of the St. Louis Society of Dental Science, the St. Louis Dental Society and the Missouri State Dental Association. His contributions to dental literature are three books: *The Technic of Oral Radiography*, *Advanced Radiodontic Interpretation* and *Toothsome Topics* and numerous articles in current journals. Doctor Simpson has limited his practice to radiodontics for twenty-one years.

Dr. L. G. McGinnis of Birmingham, Alabama graduated from Washington University, St. Louis, Mo., in 1921. Practiced general dentistry for six years in St. Louis, Mo. He was formerly associated with Dr. George B. Winter, of St. Louis, Mo., and was head of Staff, Exodontia Department of Washington University for two years. Dr. McGinnis has limited his practice to exodontia for the past twelve years.





## GREETINGS FROM THE CHARLOTTE DENTAL SOCIETY

At our May meeting at the Red Fez Club on the Catawba River the following men were inducted into office:

J. R. Bell, President; Haywood Ross, Vice-President; Olin Owen, Secretary and Moultrie Truluck, Treasurer.

After the business meeting we met the ladies and escorted them to the banquet hall which is located adjacent to the bar. The latter place was quite popular in the beginning and business was rushing, but eventually the chicken dinner won.

The ladies received favors and the men the checks which is the proper procedure.

During the summer there has been so much fraternizing and socializing with each other that we really are one big happy family. This is the spirit we are going to keep, and it doesn't cost one dime, just call your professional brother and ask him to have lunch with you, or the show or golf. Whether you get together is not the most important thing, the indication of the desire to be friendly is the moral.

This Society has the pleasure of being host to our District Society on October 9th and 10th.

We are looking forward and making our plans to do everything in our power to see that our visitors are made happy. To serve others will be our pleasure.

At our last meeting we voted to extend Honorary Memberships to Dr. John Hoffman, Charlotte, N. C., and to Dr. Charles Smithson, Washington, D. C.

*J. R. BELL, President.*



Hotel Charlotte, Convention Headquarters.

## THIRD DISTRICT

President .....	C. D. KISTLER, Randleman
President-Elect .....	W. R. McKAUGHAN, High Point
Vice-President .....	H. M. PATTERSON, Burlington
Secretary-Treasurer .....	A. W. CRAVER, Greensboro

## ATTEND YOUR DISTRICT MEETING

The Third District Dental Society meets in Burlington October 23 and 24. We anticipate the usual fine program, social gathering and entertainment characteristic of the Third District Meetings in the past.

The meeting place is centrally located and everyone should be able to attend. We expect you. There will be something for everyone, some new idea that will make your work easier. All will return to their offices with pleasant memories of renewed acquaintances and association with ethical men who have the same problems as yourself. You will have renewed appreciation of the difficulties modern dentistry faces today, technically, legally and economically.

The professional man should realize that the discharge of his knowledge to those who depend upon him presents obligations of a moral nature, to guarantee faithfulness where one seeks his services and who is unable to judge as to the value of the service rendered. The highest professional ethics demand that new discoveries and new processes be given to the world for the use of all who may benefit thereby, and one who makes no attempt to acquire knowledge of the latest and best in his profession has no right to give to those who seek his services that which is not the best the profession has to offer.

To those dentists in North Carolina who would keep pace with the progress being made in our profession let's take every advantage offered through our district dental societies.

To be a member of any profession one should be conscious of two great ends to be achieved; first is ideal satisfaction in his own knowledge and ability, and second as ideal service which he may render to those who rely on his judgment and skill. Anyone preparing himself for a professional career should desire to know and understand as many facts, and to acquire as much knowledge in his profession, as his ability provides. The advancement in any profession is in direct relationship to the improvement of facilities for the exchange and interchange of facts, information, knowledge and truth and the proper use of those facilities.

The society helps to keep a man up to the times and enables him to refurnish his mental shop with the latest wares. It keeps his mind open and receptive. The society should be a school in which the scholars teach each other. The society may be the greatest help in stimulating the practitioner to keep up habits of study.

To this end every member of the profession should contribute to the success of their district meeting this fall. The very least we can do is to attend. There are many things you may gain by meeting with your fellow dentists. The friendship gained there will bind you closer together and the influence of the meeting will be helpful as long as you live.

C. D. KISTLER, *President.*

## **GUILFORD COUNTY DENTAL SOCIETY**

Beginning with the year, Guilford County Dental Society, through its program committee, decided upon a plan of presenting a diversified program, consisting of prominent clinicians from outside the society, as well as instructive practical clinics by members within the society.

Members contributing to the success of our programs were Dr. Alex R. Stanford with a photologue and lecture on the Progressive Changes in Time and Dentistry. Dr. L. G. Coble concluded our spring meeting with a very instructive clinic on Full Denture Technic, with illustrations and lecture.

Those contributing from outside the society: Dr. Frank Alford favored us with a paper devoted to the timely subject Progressive Steps of the Profession and the Socialized Trend. Dr. B. C. Taylor of Landis read a paper before the society dealing with Laboratory Findings and Comparative Manufacturing Tests of Synthetic Porcelain. Accepted principals of adaptation as well as individual methods were introduced and compared.

By putting forth an extra effort the program committee secured Dr. H. D. Coy of the Department of Dentistry, Medical College of Virginia, for a lecture and demonstration on Constructive Amalgam Manipulation. This clinic would be hard to value unless one was fortunate enough to have seen the working tests made by Dr. Coy on Amalgam.

The meeting on the last Tuesday in May was the concluding meeting before the summer months. Activities of the society were suspended at this meeting until the last Tuesday in September. In the meantime chicken fries, fish fries and chicken stews were indulged in. No trouble has been reported in getting a crowd together when the word is passed that a feed is in prospect.

Plans for our fall and winter programs are not yet completed but it is indicated that the plans of our earlier meetings, to give a worth while program at each meeting, will be followed.

Members of Guilford County Dental Society are frequent visitors at other dental meetings. They extend a cordial welcome to members of other societies to attend their programs.

R. L. UNDERWOOD, *President*.

## **DURHAM-ORANGE-PERSON COUNTY SOCIETY**

Our monthly meetings are held at the Oriental Restaurant at 6:30 P. M., on the third Monday of the month. Visiting members are invited to join us at that time.

One of our best meetings was held in April, with Dr. Spurgeon entertaining us with a discussion of early dentistry and reminiscences. These included a description of early methods of anesthesia, inlay work, pyorrhea treatments, and gold foil.

At the next meeting, Dr. Atwood put his photographic genius to good work in presenting a most interesting selection of color photography and x-ray interpretation.

Our last meeting before recessing for the summer months was a "Ladies Night" meeting with a fine barbecue at Turnedge's Place. There were no speeches but some remarkable eating.

During July, several of us took advantage of an invitation from the Burlington group, to join them in a dinner meeting, headlined by a lecture and movie presented by Dr. L. F. Bumgardner, on surgical treatment of pyorrhea.

Dr. R. R. Clark from Chapel Hill has been ill for some time, but has now returned to his home and his rapid recovery and return to practice is anticipated soon.

Our next meeting will be in October, on the third Monday. We are looking forward to some good programs during the coming months.

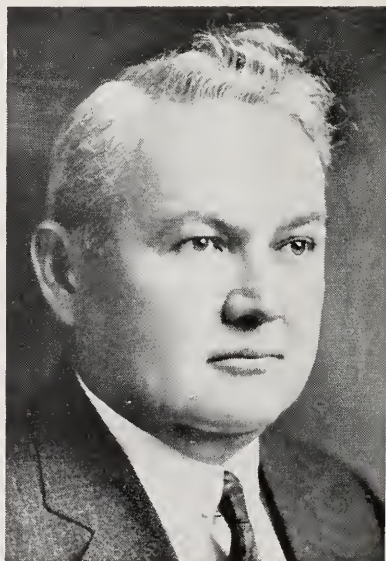
NORMAN ROSS, *Secretary*.

## **DRS. JAFFE AND MITCHELL TO APPEAR ON THIRD DISTRICT PROGRAM**



Sidney S. Jaffe, D. D. S., was graduated from Georgetown University and specializes in Full Dentures. He is a member of the District of Columbia Dental Society, the American Dental Association, the National Society of Denture Prosthetists, and the American Full Denture Society. He has contributed chapters to Nichols' "Prosthetic Dentistry," namely: "Full Gold Castings" and "Immediate Denture Service." He has been a frequent contributor to the Journal of the American Dental Association and the Dental Digest on subjects of Full and Immediate Dentures. He has made an original contribution in the "Lingual Matrix" for pre-extraction records which is most noteworthy and outstanding.

John Russell Mitchell, D. D. S., F. A. C. D., Atlanta, Ga. Professor Economics, Ethics, and Jurisprudence—Atlanta Southern Dental College. He is a member of the Atlanta Dental Society, the Georgia Dental Association, the American Dental Association, the Southern Academy Periodontology, and the American College of Dentists. He has given clinics before dental societies in a number of states.





## PROGRAM

### THIRD DISTRICT DENTAL SOCIETY

Alamance Hotel  
Burlington, N. C.

### MONDAY AFTERNOON, OCTOBER 23RD

1:00 P.M. Piedmont Country Club—

Golf Tournament. Dr. Gilliam reports several nice prizes.

### MONDAY EVENING

7:00 P.M. Banquet—Ball Room.

Invocation—

J. S. Betts, D. D. S., Greensboro, N. C.

Toastmaster—Mr. A. N. Bernstein, Burlington, N. C.

Greetings from the President of the North Carolina Dental Society—

F. O. Alford, D. D. S., Charlotte, N. C.

Greetings from Director of Districts—

C. M. Parks, D. D. S., Winston-Salem, N. C.

Greetings from the North Carolina Board of Dental Examiners—

C. C. Poindexter, D. D. S., Greensboro, N. C.

Introduction of Visitors.

Special Entertainment.

8:30 P.M. Lecture—"Immediate Dentures."

Sidney S. Jaffe, D. D. S., Washington, D. C.—  
Dr. Jaffe will give the entire technique of immediate denture construction and a method of constructing a full upper and lower denture which balances in every excursion immediately upon insertion. This is done on a plain line articulator.

### TUESDAY MORNING, OCTOBER 24TH

8:30 A.M. Registration.

9:00 A.M. Meeting Called to Order by the President—

C. D. Kistler, D. D. S., Randleman, N. C.

Invocation—

Dr. J. H. Lightbourne, Pastor of the First Christian Church, Burlington, N. C.

Address of Welcome—

Hon. Earl B. Horner, Mayor of Burlington.



## Response—

C. A. Graham, D. D. S., Ramseur, N. C.

President's Address, C. D. Kistler, D. D. S.

9:30 A.M. Lecture and Clinic—"Abutments for Fixed Bridges on Vital Teeth."

J. Russell Mitchell, D. D. S., F. A. C. D., Atlanta, Ga.

SYNOPSIS: Various types of abutments for vital teeth. How to choose right attachments. The three-pin cast hood. The pin and groove cast hood. The gold jacket. The gold crown—its uses and abuses. The McBoyle attachment.

11:30 A.M. Lecture and Clinic—"Importance of Immediate Dentures."

Sidney S. Jaffe, D. D. S., Washington, D. C.

SYNOPSIS: Dr. Jaffe will show a method for determining patient's bite before teeth are extracted. Rebasings dentures. The complete Fournet-Tuller technique will be stressed and demonstrated.

## Adjournment for Lunch.

2:00 P.M. Table Clinics.

"Abnormalities of Frenum." (Results of removal and treatment.) Wm. A. Pressly, Jr., D. D. S., Greensboro, N. C.

"Technique of Removing Impacted Teeth with the Aid of the Dudley Impactor." (Case report showing step by step procedure in removal of same.) W. R. Hinton, D. D. S., Greensboro, N. C.

"Amalgam Technique," (Some Scientific instruments will be used to show comparison of condensation)—J. T. Thomas, D. D. S., Greensboro, N. C., and W. E. Neal, D. D. S., Liberty, N. C.

"Full Mouth X-Rays as an Aid in Early Treatment of Periodontoclasia."—Frank E. Gilliam, D. D. S., Burlington, N. C.

"Simplified Technique for Wiring Mandibular Fractures."—O. L. Presnell, D. D. S., Asheboro, N. C.

"Dentocoll Impressions"—H. C. Carr, D. D. S., Durham, N. C.

"Some Treated Orthodontia Cases."—D. T. Carr, D. D. S., Durham, N. C.

## Business Session.

Report of Committees.

Election of Officers.

Place of Next Meeting.

Installation of Officers.

Adjournment.



Hotel Alamance, Convention Headquarters.

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### IN MEMORIAM

DR. O. W. THRIFT  
GREENSBORO, N. C.

DR. W. T. OLIVER  
REIDSVILLE, N. C.

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Get your copy of the Dental History from the Secretary at your District Meeting.

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“But it is hoped that the day is not remote, when it will be required of those to whom this department of surgery shall be entrusted, to be educated men.”—*Dr. Chapin A. Harris, 1840.*

## FOURTH DISTRICT

President .....	C. W. SANDERS, Benson
President-Elect .....	W. W. RANKIN, Raleigh
Vice-President .....	C. E. ABERNETHY, Raleigh
Secretary-Treasurer .....	J. W. WHITEHEAD, Smithfield
Editor .....	V. E. BELL, Raleigh

## PRESIDENT'S MESSAGE

This is written at a time when summer is making all of us think of vacations, fishing trips, and many other nice things which usually beckon to us at this season of the year.

Our "Bulletin" comes to us just a few days before our District meeting and as you read these lines it will seem quite a time since your vacation. You will have been working hard during early fall and you owe it to yourself to take a day or two out of the office and attend the meeting that has been arranged for you.

It hasn't been possible for me to see each member of the Fourth District personally during the past year, therefore I want to take this opportunity to thank each of you for the support and cooperation you have given this administration.

Our Program and Entertainment Committees have worked faithfully since early summer to arrange something that you will consider beneficial and can enjoy. They have secured nationally known clinicians and it will be well worth our time to hear these men. Also there is going to be good, clean entertainment and a nice banquet which the ladies can enjoy. Bring them along because special efforts are being made to give them an enjoyable evening.

Our District Organization is growing. Our programs are better and that is because the members are attending and giving the organization their support.

This is your meeting and we want you to come. You have only to look at the program prepared for you and you'll see what has been done to give you something worth while.

C. W. SANDERS, *President.*

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## A WORD FROM THE SECRETARY

Right now it is too hot to even go fishing, let alone write an article for any thing, however, some things just have to be done, but by the time of our October meeting we will all be cooled off in more ways than one.

I truly believe we are going to have the most interesting, educational and instructive District meeting that we have ever had. Our program committee has labored long and untiringly to give us a better balanced program than usual and I hope every member of the 4th District Dental Society will deem it their duty to honor this meeting with their presence.

Our entertainment committee is on the job and they have already planned many things which will make our banquet a success. Let me urge every one to attend our banquet. You will get to know your neighbor better and you will get a fellowship that no other group of men possess.

J. W. WHITEHEAD, *Secretary-Treasurer.*

## DRS. CONNOR AND PEASLEY GUESTS OF FOURTH



Thomas Connor, D. D. S., graduated Vanderbilt University 1915, former lecturer to the Senior Classes of the Atlanta-Southern Dental College, is a member of the American Society of Oral Surgeons and Exodontists. Practice limited to Exodontia, Oral Surgery and Diagnosis since 1921 in Atlanta, Georgia. Past President American Society of Oral Surgery and Exodontia. Vice-Chairman Section of Oral Surgery A. D. A. A popular lecturer and author of numerous articles dealing with Oral Surgery, Exodontia and Anesthesia.

E. D. Peasley, B. S., M. D., Raleigh, N. C. Pathologist and Director of the Laboratory, Rex Hospital. Instructor in Pathology, Wake Forest Medical School. Former Instructor in Department of Bacteriology and Pathology, University of Iowa.

Has conducted courses in Bacteriology and Pathology, Eastern District of Massachusetts Dental Society.

His subject will be: "Histogenesis of the Tooth and its Relationship to other Tissues."



**PROGRAM**

FOURTH DISTRICT DENTAL SOCIETY  
 Carolina Hotel  
 Raleigh, North Carolina

**MONDAY, OCTOBER 16**

- 7:00 P.M. Banquet—  
             Toastmaster—Mr. W. T. Bost.
- 8:00 P.M. Entertainment.
- 9:00 P.M. Movie—"The Engine Driven Surgical  
             Mallet."  
             By Dr. K. L. Johnson, Raleigh, N. C.

**TUESDAY MORNING, OCTOBER 17**

- 8:30 A.M. Registration (Mezzanine).
- 9:00 A.M. Meeting Called to Order.
- Invocation—  
             Rev. James M. Sapp, First Baptist Church,  
             Raleigh, N. C.
- Introduction of Visitors.
- President's Address—  
             Dr. C. W. Sanders, Benson, N. C.
- 9:30 A.M. Illustrated Lecture—"The Grief in Exo-  
             dontia."  
             By Thomas Conner, D. D. S., Atlanta, Ga.  
             Former Professor of Exodontia and Anes-  
             thesia, Atlanta-Southern Dental College.  
             Past President American Society of Oral  
             Surgery and Exodontia. Vice-Chairman Sec-  
             tion of Oral Surgery A. D. A. Popular Lec-  
             turer, and author of numerous articles deal-  
             ing with Oral Surgery, Exodontia and Anes-  
             thesia.

SYNOPSIS: Errors, accidents and complications incident to the practice of  
 Exodontia will be discussed. Questions that pertain to Exodontia may  
 be asked.

- 11:00 A.M. Lecture—"Histogenesis of the Tooth, and  
             Its Relationship to other Tissues."  
             By E. D. Peasley, B. S., M. D., Raleigh,  
             N. C. Pathologist and Director of the La-  
             boratory, Rex Hospital. Instructor in Path-  
             ology, Wake Forest Medical School. Former  
             Instructor in Department of Bacteriology  
             and Pathology, University of Iowa. Has  
             conducted courses in Pathology and Bacteri-  
             ology, Eastern District of Massachusetts  
             Dental Society.



11:45 A.M. Paper—"Some Interesting Things About Dental Silver Amalgam."

By Dr. Howard L. Allen, Henderson, N. C.

12:00 Noon Illustrated Lecture—"Establishing the Vertical Relation of the Arches and Arranging Teeth to Balanced Occlusion."

By Grayson W. Gaver, D. D. S., F. A. C. D.,  
Baltimore, Md. Associate Professor of Prosthetic Dentistry, University of Maryland.

SYNOPSIS: This lecture will cover: Relation of mandible to the maxilla, Relation of teeth to the ridges, Relation of teeth to each other, Curves of occlusion, Equalizing stresses of mastication, Transfer of bite plates to articulator, Adjusting articulator, Arrangement of teeth.

1:00 P.M. Luncheon.

## TUESDAY AFTERNOON

Your Program Committee has decided to depart from the usual custom in staging our clinics. We believe that any member, who has expended time and energy in the preparation of a clinic, is entitled to a respectful audience. Therefore, the clinics will be presented according to schedule, one at a time and to the entire membership. Thus each clinician will be required to present his clinic only once, and the membership will be afforded the opportunity of seeing each clinic from beginning to end. We believe this arrangement will be more satisfactory both to the audience and to the clinician.

## CLINICS

2:00 P.M. "Aids in Diagnosis."

Dr. H. O. Lineberger, Raleigh, N. C.

2:15 P.M. "Low Fusing Porcelain and Some of Its Uses in Dentistry."

Dr. J. R. Edwards, Fuquay Springs, N. C.

2:30 P.M. "Perfect Drynes for Synthetic Fillings Without Rubber Dam."

Dr. Arthur H. Fleming, Louisburg, N. C.

2:45 P.M. "New Types of Metal Fracture Splints, minimizing Trauma."

Dr. R. M. Olive, Fayetteville, N. C.

3:00 P.M. "Establishing the Vertical Relation of the Arches and Arranging Teeth to Balanced Occlusion."

Dr. Grayson W. Gaver, Baltimore, Md.

3:30 P.M. "Immediate Replacement of Anterior Teeth, Using Trupontics."

Dr. R. F. Graham, Rowland, N. C.

- 3:45 P.M. "Amalgam, Indications and Contra-Indications, Its Uses and Abuses."  
Dr. Rufus S. Jones, Warrenton, N. C.
- 4:00 P.M. "The latest Scientific Method of Pulp Testing."  
Dr. S. Byron Towler, Raleigh, N. C.
- 4:10 P.M. "A Conservative Prophylactic and Periodontal Treatment."  
Dr. Thomas M. Hunter, Henderson, N. C.
- 4:40 P.M. "Operative Restorations, Where An Excessive Amount of Tooth Structure Has Been Lost."  
Dr. J. E. Swindell, Raleigh, N. C.
- 5:00 P.M. Business Session—  
Minutes Previous Meeting.  
New Members.  
Unfinished Business.  
Report of Committees.  
Report of Secretary-Treasurer.  
New Business.  
Election of Officers.  
Election to House of Delegates.  
Election to Nominating Committee.  
Installation.  
Adjournment.

Dr. Grayson Gaver, D.D.S., F.A.C.D., Associate Professor of Prosthetic Dentistry, University of Maryland, Baltimore, Maryland, will appear on the program of the Fourth District at 12:00 noon Tuesday morning, October 17th. His photograph appears on page 44 of the Fifth District Section. Dr. Gaver is appearing on both the programs of the Fourth and Fifth District Societies.

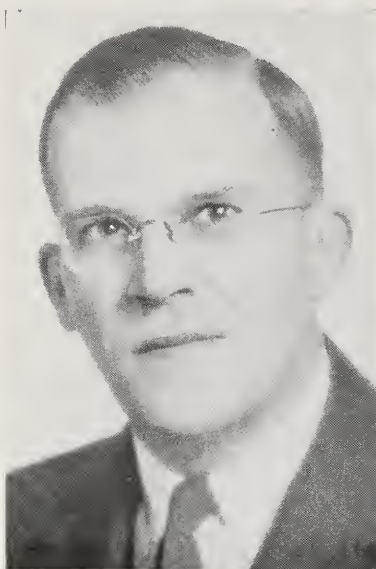
## FIFTH DISTRICT

President .....	W. T. RALPH, Belhaven
President-Elect .....	A. T. JENNETTE, Washington
Vice-President .....	R. L. WHITEHURST, Rocky Mount
Secretary-Treasurer .....	H. E. NIXON, Elizabeth City
Editor .....	A. L. WOOTEN, Wilson



Virginia Dare Hotel  
Fifth District Convention Headquarters.

## OUR GUEST CLINICIANS



A. Hubert Fee, D. D. S., Richmond, Virginia. Director of the Department of Operative Dentistry, Medical College of Virginia.

Dr. Fee will discuss the all important subject, "Amalgam Restorations". Lantern slides will be used to illustrate his lecture. Following the paper the various points will be demonstrated in a table clinic.

Be sure to hear Dr. Fee and take home some good points from the clinic that will mean better amalgam restorations.

Grayson W. Gaver, D. D. S., F. A. C. D., Baltimore, Maryland, Associate Professor of Prosthetic Dentistry, University of Maryland. Member of American College of Dentists. A popular lecturer and is in great demand by Dental Societies in the surrounding states. Dr. Gaver appears on both the programs of the Fourth and Fifth Districts. Dr. Gaver's subject is: "Establishing the Vertical Relation of the Arches and Arranging Teeth to Balanced Occlusion."



## PROGRAM

FIFTH DISTRICT DENTAL SOCIETY  
Virginia Dare Hotel  
Elizabeth City

SUNDAY, OCTOBER 15TH

6:30 P.M. Fish Fry — Shantilly Beach — Guests of  
Elizabeth City Dental Society.

MONDAY, OCTOBER 16TH

9:00 A.M. Meeting Called to Order.  
W. T. Ralph, D. D. S., President.

Invocation—

Rev. E. H. Potts, Pastor First Baptist  
Church, Elizabeth City, North Carolina.

Address of Welcome—

Hon. J. B. Flora, Mayor of Elizabeth City,  
N. C.

Response to Address of Welcome—

C. G. Powell, D. D. S., Ahoskie, N. C.

Greetings from President of North Carolina  
Dental Society—

Frank O. Alford, D. D. S., Charlotte, N. C.

Greetings from Director of Districts—

C. M. Parks, D. D. S., Winston-Salem, N. C.

Greetings from North Carolina State  
Board of Dental Examiners—

C. C. Poindexter, D. D. S., Greensboro, N. C.

President's Address—

W. T. Ralph, D. D. S., Belhaven, N. C.

Roll Call.

Introduction of Visitors.

Report of Necrology Committee.

Receiving Application for Membership in  
District and State Societies.

10:00 A.M. "Amalgam Restorations."

A. Hubert Fee, D. D. S., Director of the  
Department of Operative Dentistry, Medical  
College of Virginia, Richmond, Virginia.

SYNOPSIS: Discussing some of the physical and chemical properties of the  
material: necessary cavity modification; and the manipulation and insertion  
technic. Illustrations with lantern slides and clinic to follow paper, showing  
Manipulative Procedures of Amalgam as a Restorative Material.



11:30 A.M. Table Clinics—  
(Not complete)

12:30 P.M. Adjournment for Lunch—  
Virginia Dare Hotel.

1:30 P.M. "Taking Bite and Arrangement of Teeth  
in Balanced Occlusion." (Illustrated by  
Lantern Slides. Clinic to follow paper.)  
Grayson W. Gaver, D. D. S., Member of  
American College of Dentists, Associate  
Professor of Prosthetic Dentistry at the  
University of Maryland, Baltimore, Md.

3:00 P.M. Business Meeting—

Treasurer's Report.

Report of Committee on President's  
Address.

Report of Committees.

New Business.

Election of Officers.

Election to the House of Delegates.

Installation of Officers.

Place of Next Meeting.

Adjournment.

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## FROM THE EDITOR

With the thermometer hovering around 100 and above and that wild man snorting in Europe, and the tobacco market closing I wonder if you expect me to pay much attention to my editorial duties. I can't even type, much less think.

## NEWS

Dr. Dan Wright and Dr. Stuart J. Ward have opened offices in Greenville. We wish them success.

Born to Dr. and Mrs. Luther Whitehurst a daughter, Bettie Ann, July 4th.

## UNCLASSIFIED

A 60 year old patient presents herself, accompanied by her older sister, to Dr. Jake Thomas' office and asks for special consideration in fees because her parents are dead.

### SOME HOBBIES (FROM KINSTON)

Dr. Herbert Spear: Prefers walking or strolling through fields and woods. Almost any Wednesday or holiday he will be found in the woods with his target pistol.

Dr. George Price: A fisherman of no mean ability. He has had some interesting experiences with the "finny tribe".

Dr. O. L. Wilson: Singing has been his hobby or diversion from office duties for many years. Possessor of a good bass voice, he has taken part in many music festivals in his home town.

Dr. L. J. Dupree: Military affairs has long been his hobby. As an officer in the Dental Reserve Corps he usually spends his vacation in camp.

Dr. J. G. Poole: Horse-back riding. Always keeps a saddle horse which he rides regularly.

A. L. WOOTEN, *Editor.*

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Get your copy of the Dental History from the Secretary at your District Meeting.



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**CO-RE-GA**  
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to the dentists of North Carolina  
by one who has enjoyed in  
a large measure, their  
continued confidence.*

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**Central Dental Laboratory**

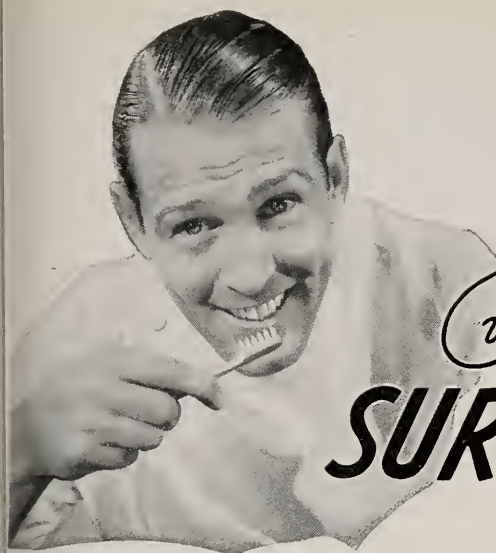
**GOOD WILL**

Good will cannot be built from a blueprint . . . It grows—nurtured by diligence, fostered by skill, sustained by honesty . . . Good will, like a sensitive plant withers with neglect, carelessness and inattention . . . .

**"The good will of our Clients is our most valued possession"**

**E. B. ANDERSON ♦ DURHAM, N. C. ♦ Phone L-6721 ♦ P. O. Box 1731**

**P A T R O N I Z E O U R A D V E R T I S E R S**



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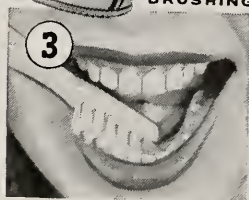
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3



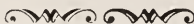
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# THE BULLETIN

OF

## The North Carolina Dental Society

COMPONENT OF THE AMERICAN DENTAL ASSOCIATION



Vol. 23

JANUARY, 1940  
GREENSBORO, N. C.

No. 3

## *The Season's Best Wishes*

During this festive season of goodwill, we wish to thank the members of the profession for the opportunity afforded us to be of service.

We are deeply appreciative of favors bestowed upon us so abundantly by our customers.

In the New Year, follow the practice of many leading dentists and send your cases to us for construction in Vitallium, the only true Cobalt-Chromium alloy developed for cast full and partial dentures.

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I N C O R P O R A T E D



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To

DR. W. F. CLAYTON

*A cultured gentleman; genial, gentle, generous, man; friend of everybody; loyal, high minded citizen, devoted Churchman; Radiant personality that cheers and lightens every presence. Earnest advocate of every good cause, and worthy foe of all wrong. Standing high in his profession, thus eminently worthy of being memorialized by associates in his chosen calling, and having his name placed on our roll of honor.*

W. R. McK.

# THE BULLETIN

....of....

## THE NORTH CAROLINA DENTAL SOCIETY

(Component of the American Dental Association)

VOL. 23

JANUARY, 1940

No. 3

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## DENTAL CENTENARY CELEBRATION

The 100th anniversary of the founding of professional dentistry will be celebrated in Baltimore, Maryland, March 18, 19, and 20, 1940. Further details will be found in national and local journals.

Medical Arts Bldg., Baltimore, Md.  
MEYER EGGNATZ, *Secretary*  
*Dental Centenary Committee*

## PRESIDENT'S PAGE

As we begin the year 1940, I wish to extend to each individual member of the North Carolina Dental Society my sincere wish for much success and happiness throughout the year. May the united efforts of our members bring prosperity to us and progress to our profession, which cannot stand still.

We are entering an era which will bring many changes in the practice of the health profession. This is evidenced by the continual efforts of governmental agencies and politicians to exercise added control over the healing professions. These efforts were climaxed by the introduction into the United States Senate of the Wagner Health Bill, January 28, 1939.

This bill has received more attention than any other proposed health measure ever brought to the attention of those interested in public health. Not that it marks any sudden awakening of interest in public health, but it appears like an attempt to capitalize, in a political manner, on a topic of human interest.

We, as a profession, cannot be accused of lack of interest in public health. The dental profession is—and always has been—willing at all times to carry out its responsibilities. The present is no exception.

The proponents of socialized health service would have us believe that the masses are demanding dental care, which is far from true. The masses accept only that dental service which pain, pride and discomfort forces on them. These demands are made by social workers, sociologists, politicians, etc., and not by the public which is to receive the benefits. Few, if any, now or ever have been denied dental services because of their inability to pay a fee. The profession has cared for and will care for strictly charity. A great majority of people can financially afford complete dental service, but neglect to have it done. I maintain that people usually get what they want, if the desire is great enough. Usually anything other than dental and medical care can be afforded. I can't agree that it is necessary for the government to step in and tax all of the thrifty people in order to provide a mass production type of inferior health service, for those who spend their money on non-essentials.

The complaint comes when we hear so much about the high cost of dental care and not one word about the high cost of gasoline, automobiles, radios, permanent waves, silk hosiery, and all the other non-essentials. Many who are supposed to be dentally indigent are excellent customers for the items just mentioned. The American Association for the Advancement of Science report that the American dollar is being spent, by the middle class, or low income group, which the proponents of the Wagner Bill contend should have socialized health service, as follows:

- |    |                |                  |
|----|----------------|------------------|
| 1. | Food .....     | \$17,000,000,000 |
| 2. | Clothing ..... | 8,000,000,000    |

3. Auto—New and Used .....	6,600,000,000
4. Gambling .....	6,500,000,000
5. Motion Pictures .....	2,000,000,000
6. Beer .....	1,730,000,000
7. Tobacco .....	1,600,000,000
8. Sports and Games .....	900,000,000
9. Liquor .....	880,000,000
10. Cosmetics .....	700,000,000
11. Silk Hosiery .....	645,000,000
12. Jewelry and Silverware .....	603,000,000
13. Dog Bills, Upkeep and Veterinarian Fees .....	601,100,000
14. Radios and Musical Instruments .....	600,000,000
15. Race Track Gambling .....	500,000,000
16. Candy and Confectionaries .....	400,000,000
17. Dental Service .....	400,000,000
18. Coca-Cola .....	60,000,000
19. Pastes and Mouth Washes .....	29,500,000

Dentistry holding seventeenth place, or second from the bottom, does not seem to be so very important to this class of people.

I would suggest that every member of the North Carolina Dental Society exercise their influence on their respective representatives in Congress to defeat this bill.

To replace Federal Legislation, the American Dental Association recommends:

1. Extensive research to discover the cause of dental decay.
2. Nation-wide educational efforts to impress upon children and parents the necessity of preventive dentistry, and the economic burden of dental neglect.
3. A method by which the federal government could contribute funds to aid the states in providing dental care for the indigent.

You have received your American Dental Association Christmas Seals for the Relief Fund. Why not remit to the secretary today for them? While \$1.00 is all that is asked of us, those who feel they could give more would be contributing to a worth while cause. Your cooperation will be appreciated.

FRANK O. ALFORD.

## **SOME OBSERVATIONS OF THE SUPERVISOR OF DISTRICTS**

During the month of October it was my privilege and pleasure to attend all five of the District Meetings of the North Carolina Dental Society. When I first began to make plans for attending these meetings I was not particularly enthusiastic about it. I felt that it was quite a responsibility, but a duty that was expected of me. This duty turned out to be one of the most pleasant that I have ever been asked to perform. All five of the Districts put on well-balanced programs that were well-attended, entertaining and of real scientific worth. It made me realize more than ever before that we cannot afford to miss a meeting of organized dentists whenever possible to attend. As Dr. G. V. Black once said, "No dentist can, under present conditions or the conditions that will probably prevail in the future, do himself or his community justice without becoming an active member of a dental society and taking an active part in its work."

When you receive this issue of the Bulletin the close of the year 1939 will be rapidly approaching, and we will be about to enter upon the threshold of the year 1940. When we ring out the old and ring in the new, it is the usual custom to reflect upon the past and to look with renewed hope and anticipation to the future. It is a time when most of us pause long enough to regret our past shortcomings and resolve to give the best there is in us to our future efforts. Let's apply this thought to our own organization, the North Carolina Dental Society. Reflect upon the past and think how many consecutive years you have paid dues to your Society. Then anticipate how many years you still must pay before you become a life member. I am afraid that most of us do not fully appreciate the beauty of a life membership. Let me urge every member to promptly pay his 1940 dues. Keep those continuous years of membership going until that charmed twenty-five is reached.

Many of you may be looking forward to attending the Dental Centenary Celebration to be held in Baltimore March 18, 19 and 20, 1940. An announcement regarding this meeting will probably be seen elsewhere in this issue of the Bulletin. The only passport you need to attend this celebration is your 1940 membership card, showing that you have paid your dues to your State Society. So let me again urge every member to pay his dues promptly, to invite every eligible non-member within his or her acquaintance to join the Society and may we enter the New Year with the hope it shall be the best we as a Society have yet enjoyed.

May I wish every member of the North Carolina Dental Society a very Merry Christmas, and for the New Year only health, happiness and prosperity.

CLAUDE M. PARKS.



## SECRETARY'S MESSAGE

About this time of the year the members of our society begin to ask themselves some questions, one of which is, what, if anything, has the Program Committee done in regard to our next meeting? Another, do the members of that Program Committee have the ability to get together a suitable program for the meeting?

It is the State Secretary's duty to report on the above phases, he has very little else to do.

To the first question, my reply is, your Program Committee has met a number of times, and at this time has secured a full quota of lecturers and major clinicians for our Charlotte meeting.

To the second question, the program as it stands today has been passed on by several members who have agreed that it is well balanced and suitable.

For Monday, May 6th, we have the following lecturers: Dr. W. H. Wright, of Pittsburgh, appears in the morning of the first day of our meeting. He is one of our major clinicians on "Prosthetics." We are promised in him an interesting and instructive lecture. Then, we have Dr. E. V. McCollum, of Johns Hopkins University, Baltimore, on "Diet." Dr. McCollum has lectured before many of the larger societies in the United States. Dr. Robert L. Sprau, of Louisville, Kentucky, who will have as his subject "Dental Economics." Dr. Olin Kirkland, of Montgomery, Alabama, who is our Trustee of the Fifth District, brings us a lecture on "Periodontia." I am certain we will welcome the appearance of our Trustee.

Monday evening we have another major clinician, Dr. S. S. Arnim, of Richmond, Virginia, who will talk to us on "Operative Dentistry." Our last lecture Monday evening is by Dr. H. E. Williams (The Sage of Red Bank), of Red Bank, N. J., who brings to us "The Philosophy of Whole Wheat Bread and Butter Dentistry."

On Tuesday, May 7th, we have our Table Clinics from 9 to 12 A. M., after which Dr. W. F. Bell, of Asheville, will give us something interesting on "Dental Education." Dr. Arthur H. Merritt, of New York City, President of the American Dental Association, comes to us and will give us information on the activities of our parent organization and especially on the phases dealing with governmental activities which may affect our status.

On Tuesday afternoon, Dr. W. T. McFall, of Asheville, appears with a lecture on "Orthodontia." Dr. McFall, formerly of Nashville, Tennessee, can and will give us a splendid lecture.

Wednesday morning we will have Motion Pictures on "Men and Machines," by National Industrial Council. Also "Anatomy of Head and Neck" and "Engine Driven Surgical Mallet," by Dr. Kenneth C. Johnson of Raleigh, N. C. Then come the Progressive Clinics from 10 to 12 A. M.

With this program before us I am certain that our Charlotte meeting will surpass any that has gone before.

The North Carolina Dental Society through its Secretary extends to each member very best wishes for the Holiday Season.

PAUL FITZGERALD,

## **"WHAT IS THE A. D. A. DOING FOR ME?"**

This is a question I sometimes hear asked, and always with the implication that the questioner feels he is not receiving an adequate return for the \$4.00 which represent his annual dues to the Association.

Inasmuch as the rank and file of our members are not in regular attendance at the annual meetings of the A. D. A., and, in consequence, have only a hazy idea of the multitude of ways in which it serves the profession, this is, perhaps, a natural question and one which deserves an informative answer. And it can be answered so as to leave no doubt in the mind of anyone familiar with the facts, that the A. D. A. is rendering an invaluable service to every individual member—a service which no organization except a national one, could possibly perform. It, alone, of all our dental organizations, is the representative of American dentistry,—the only group that can speak with authority.

It is impossible in a brief space, to enumerate all the activities in which it is engaged or give an adequate idea of the time and labor given to it by the officers and committees—often at no little sacrifice to themselves and always in the interest of the profession.

Among these activities, and one of first importance, is the Bureau of Public Relations. This is ably conducted by Dr. Lon Morrey, whose duty it is (among other things) to educate the public in all matters pertaining to dental health, with benefit to both the public and the profession. This is an activity of the utmost importance to all concerned. To it, Dr. Morrey gives all his time and is performing a task for which he is exceedingly well fitted.

There is also a Research Commission under the auspices of the A. D. A. working with the Bureau of Standards in Washington, year in and year out studying materials used in the practice of dentistry. This includes such items as cements, alloys, metals, denture bases, inlay waxes, impression compounds, etc. The results of these researches are published from time to time in the *Journal of the A. D. A.* and made available to all (See *Journal* for July, 1939, page 1197 for a list of certified materials.) These studies make it possible for any dentist, anywhere, to use products that have been tested and proven to be reliable. This adds greatly to the efficiency and permanency of the service rendered by the dental profession.

The Council on Dental Therapeutics is another all year round group made up of dentists, physicians and chemists which examines and passes upon the reliability of all drugs, anesthetics, dentifrices, mouth washes and the like, used or prescribed by the dental profession. In addition to reporting its findings in the *Journal*, it publishes each year, at a nominal cost, a small volume of *Accepted Dental Remedies*. The work it is doing is of inestimable value to both the profession and the public.

In addition to these activities, which of themselves repay one over and over again for the small amount expended for dues, it maintains a Committee on Legislation which keeps in touch with the legislative activities of the Federal government and the 48 States, with a view to preventing the enactment of unwise dental laws; an Economic Committee, representing the 13 Trustee districts of the country; a National Health Program Committee, which acts as the contact committee between the profession and the Federal government—a committee that has rendered, and is rendering, invaluable service in cooperating with the government in matters of public health. And there are other agencies such as the Insurance Committee, the Library Bureau, the Relief Commission—all maintained in the interest of the profession and the public at a cost to the membership of about six cents each.

And lastly there is the Journal—the largest and most influential dental journal in the world, having a circulation of more than 50,000 copies a month. It finds its way into 82 foreign countries and is read wherever dentistry is practiced. A subscription to the Journal is included in the \$4.00 dues.

This is only a partial list of the things which the A. D. A. is doing for the profession and of which every member is a direct beneficiary. It is a splendid record of achievement, one in which every member may well take pride. It needs only your help and mine, in order to greatly increase these accomplishments. Should we not, therefore, in our own interest and in the interest of the profession of which we are a part, give it our wholehearted support in the effort it is making to do for us collectively, what we could not possibly do for ourselves as individuals.

ARTHUR H. MERRITT,  
*President, A. D. A.*

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## **LAW ENFORCEMENT AND A WORD TO RECENT GRADUATES**

The permission to practice dentistry in North Carolina is a right and privilege subject to administrative regulations by the North Carolina State Board of Dental Examiners. We pride ourselves in the fact that our laws are, in many respects, more exacting than those of other states, but we have not yet attained our permanent objectives. The problem of creating desirable and effective legislation is a continuous procedure. New factors are constantly arising that were not foreseen when earlier laws and amendments were enacted.

The work of bringing about a conviction resulting in favorable court precedence to sustain the law is quite important. In this connec-

tion, I wish to leave a thought that might simplify and, at the same time, be an aid in expediting court decisions. In the event that a violation is suspected or known to exist, especially in a community remote from a Board member, the Secretary should be promptly notified and the ethical man or men in that vicinity be available for work toward securing competent evidence in the form of affidavits. Affidavits are far more dependable in court hearings than the open promise of a witness to testify. Due to the vast area of the state and, also from an economical standpoint, one can readily see that it is both impractical and quite unfair to delegate the sole responsibility of working up every case to the Secretary.

In this issue of the Bulletin, Wilbert Jackson, Secretary, has furnished a list of people who have been convicted of violating the law. It would be well to look out for these in our own neighborhood, as this type usually goes from place to place. This would be another means of helping the Secretary in his work to keep violations to a minimum. After all, it is to the interest of every practicing dentist to assist in the enforcement of the law. It is equally to their interest to have a hand in curbing some of the many forms of unethical practices. By this suggestion, it is to be understood that the Secretary and Board do not shirk their duties. On the contrary; each man is anxious to assist in every way possible to assure a prompt and successful conclusion to each complaint.

Year after year throughout the country hundreds of ambitious, well trained men are admitted to the practice of dentistry. One of the most pertinent suggestions to a young practitioner in our state is to immediately affiliate with the North Carolina Dental Society; read thoroughly and abide by its Code of Ethics. Ethics help to elevate the profession beyond the level of a trade. It dignifies our work; produces in us a feeling of loyalty and self-respect. It, also, inspires respect in others for us and the profession we represent. If there is such a thing as a concept distinct from a vocation, it must consist of ideals which its members maintain, dignity of character which they carry into the performance of their duties and the harsh discipline of self imposed ethical standards.

As this is being written, the Examining Board and the profession lament the passing of Billy Bell. By his remarkable personality, fair mindedness, leadership and consideration of others he endeared himself to every one who served with him. We owe much to the efforts of this splendid character. Had he not passed on, though retired from the Board, the wise counsel and keen judgment of William Forrest Bell would have, as usual, been available to every summons for duty.

C. C. POINDEXTER, *President*  
*North Carolina Board of*  
*Dental Examiners.*



## BOOK REVIEW

### DENTAL CARIES. FINDINGS AND CONCLUSIONS ON ITS CAUSES AND CONTROL

Compiled for the Research Commission of the American Dental Association by the Advisory Committee on Research in Dental Caries: Daniel E. Lynch, Chairman; Charles F. Kettering, Councilor; William J. Guies, Secretary. New York, 1939. Published by the Lancaster Press, Lancaster, Pa., 189 pages.

This volume which was released under the auspices of the Research Commission of the American Dental Association should be acclaimed by the members of the dental profession, who daily observe the ravages of dental caries, which affect more people than any other disease and one which until a few years ago little was known about. A few hours reading will give you a comprehensive knowledge of the theories existing today on the subject of dental caries gathered together from all the civilized nations of the world, and is certainly a forward step toward the solution of the problem of dental caries.

In the first 175 pages of this book will be found 195 condensed summaries of research workers who represent the most advanced students on this vital subject in twenty-five countries. A wide variety of theories and conclusions are presented, some no doubt have gone off on tangents—but in the study of a disease so vital to the human race no lead or clue should be waived aside until proven untrue. The remaining fifteen pages of this volume contains a general analysis of the findings and conclusions on the causes and control of caries. This "general analysis" will no doubt attract the average busy general practitioner. This book should be read by every man practicing dentistry and at all times close observations should be made in the hope that a solution to this problem may be found.

Your copy may be secured by writing Dr. Daniel F. Lynch, Chairman of the Advisory Committee on Research in Dental Caries, 2651 Sixteenth Street, Washington, D. C., enclosing a check or money order for one dollar.

### ACCEPTED DENTAL REMEDIES, 1939

We wish to call the attention of the members of the North Carolina Dental Society to the 1939 edition of Accepted Dental Remedies. This volume contains a list of official drugs selected to promote a rational Dental Materia Medica and descriptions of acceptable non-official articles. Every member of the profession should have a copy of this reliable information on dental therapeutic materials.

Order your copy today. Price \$1.00 per copy.

### COUNCIL ON DENTAL THERAPEUTICS

212 East Superior Street

Chicago, Ill.



## **IMPORTANT NOTICE TO EVERY DENTIST IN NORTH CAROLINA BY THE NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS**

It has recently been brought to the attention of the North Carolina State Board of Dental Examiners that one W. R. Norris, who submitted in Cumberland County Superior Court, March, 1936, to the charge of practising dentistry without license was sentenced to nine months on the road.

After being released from prison, he went to Wilmington, North Carolina, worked in a dental laboratory, made friends with some of the Wilmington dentists, (who were ignorant of his previous record) who took Norris with them fishing which afforded him an opportunity to contact the dentists' friends and patients. Norris, seeing some of the dentists' patients who would need some dentures, later returned, took impressions, collected money and skipped the country.

He took impressions and made dentures in Cumberland and adjoining counties for several months. Not until he collected money and failed to deliver dentures, could the State Board of Dental Examiners get a witness who would testify against him.

It seems that Norris either establishes a dental laboratory or seeks connection with a dental laboratory in order to make his contacts for doing dentistry. The tactics used in New Hanover and adjoining counties by Norris upon the innocent and unsuspecting public were exactly the same as used in Cumberland and adjoining counties.

This information is given together with a list of those who have violated the law and been convicted of the same since 1930, so that each licensed dentist in North Carolina may know who these people are. Sooner or later a W. R. Norris may be in your community.

If every dentist in North Carolina will cooperate with the State Board of Dental Examiners to the greatest extent, we could not only go a long way toward stopping such imposters as Norris, but they can be brought to justice through the criminal courts of North Carolina.

Any information as to the whereabouts of W. R. Norris at the present time will be deeply appreciated. The last report was that he was in the vicinity of Charlotte, N. C., and Rome, Georgia.

### **FOR YOUR INFORMATION**

The following have been convicted for violation of the dental law:

D. H. Page, a negro residing in Rocky Mount, found guilty of practising dentistry without license December, 1930, sentenced to 60 days in jail. Sentence suspended upon payment of cost.

J. B. Vaught, a laboratory technician of Wilmington, charged with practising dentistry without license, found guilty in Recorder's Court in Wilmington, April 6, 1933, fined \$25.00. Payment suspended for two years upon condition that the defendant remain of good behavior.

R. J. Rakestraw of Salisbury, indicted in 1934. Warrant not served. Rakestraw had absented himself from the state.

Eugene Lovelace, High Point, N. C., convicted of practising dentistry without license, fined \$25.00 and costs, December, 1934.

W. T. Edgeworth, of Asheville, found guilty of six cases, sentenced to thirty days in jail. In first case fined \$50.00 and costs. In each of the remaining five cases fines suspended for five years upon payment of costs, provided the defendant remain law abiding.

Mrs. J. C. Dozier, of Asheville, charged in three separate counts for practising dentistry without license. Tried in Superior Court in Buncombe County, found guilty, sentenced to nine months in Buncombe County jail. Judgment suspended for a period of five years in the remaining two cases upon payment of costs, provided she remain law abiding.

Eugene Lovelace tried January, 1937 in the City Courts of High Point. Given two years in prison, sentence suspended.

Wrenn Burleson tried March 22, 1937 in Recorder's Court in Stanly County, Albemarle. Fined \$50.00 and costs.

Wrenn Burleson tried in Cumberland County Recorder's Court, December 5, 1938, found guilty as charged in the two cases. Fined \$50.00 and costs in first case. In second case sentenced to not less than 20 nor more than 24 months in the county jail to be assigned to work the road.

Mrs. J. C. Dozier tried in Superior Court of Buncombe County May 17, 1937, two cases. Sentenced to four months in the county jail first case. In the second case sentenced to two years in the county jail, sentence to be suspended provided Mrs. Dozier would leave the state within 72 hours after serving the first sentence.

L. E. Davis tried in Buncombe County, May 17, 1937, sentenced to 12 months on the roads. Sentence suspended on condition that Davis turn over to the representative of the Board all equipment in his office and confine himself to laboratory work.

L. L. Campbell, negro laboratory operator formerly of Greensboro, High Point and Lillington, North Carolina, but more recently of Fayetteville, was convicted in Cumberland County Recorder's Court November 24, 1939 sentenced to 90 days in jail. Sentence suspended for two years upon payment of costs, provided defendant remains of good behavior and violates none of the laws governing the practice of dentistry in North Carolina.

WILBERT JACKSON, *Secretary-Treasurer*  
*North Carolina State Board of*  
*Dental Examiners*

## CLINICAL OBSERVATIONS ON THE LOCAL USE OF SULFANILAMIDE

A few years ago, it was predicted that a new chemotherapeutic agent, sulfanilamide, would revolutionize the treatment of many infectious diseases. This prediction has been more than fulfilled and many authorities assert that the surface of its usefulness has not been scratched.

The importance and status of sulfanilamide is perhaps best expressed in the preface of Long and Bliss' recent monograph (1) in which they state: "Six years have passed since Foerster reported upon the use of prontosil in the treatment of a child ill with staphylococcal sepsis. In the intervening period we have witnessed the conquering of streptococcal, meningococcal, gonococcal, pneumococcal, and many other types of infections by means of chemotherapy, and we have seen the development of clinical application of numbers of new sulfonamide-containing drugs. While the period has been brief it has been called 'epochal in the history of medicine'."

Although dentistry has participated in the benefits derived from this miraculous drug, the complete field of its usefulness has not been explored. Since our preliminary reports (2) (3) in 1937, we have used sulfanilamide or one of its derivatives in cellulitis, acute osteomyelitis and in infected compound fractures with amazing results.

Acute necrotic gingivitis, which is a mixed infection, does not respond to sulfanilamide in a satisfactory manner. The spirochete is perhaps the organism of importance in this symbiotic group (4) and responds to the local application of arsphenamine or sodium carbonate in a five or ten per cent solution. The sodium carbonate treatment has just been reported by Dr. S. Leonard Rosenthal of the University of Pennsylvania in the Journal of the American Dental Association, November, 1939, issue. These therapies are so dependable that any deviation in the treatment of this potentially dangerous infection might result in disaster.

In treating cellulitis, acute osteomyelitis or infected compound fractures where the drug can be placed into the infected area, response is usually dramatic. Where the drug cannot be worked into the area, the oral administration of sulfanilamide in dosages to bring the blood concentrate up to ten or fifteen milligrams per 100 cubic centimeters is necessary.

Sulfanilamide is a very dangerous drug when administered internally and should never be given except with the advice and complete cooperation of a physician who is not only competent in recognizing its dangerous aspects, but in treating its toxic manifestations also. The most dangerous toxic effect is on the blood or hematopoietic organs. Severe hemolytic anemia or agranulocytosis may be produced. Acute hemolytic anemia is the more common of the two conditions and appears early in the administration of the drug, usually from two to four days. Its progress is favorable as a rule. Agranulocytosis, on the other hand, although occurring relatively rarely, has a much more serious prognosis. It occurs after ten days or more of treatment. A leucocyte count is the only method of diagnosis.

In the oral administration of sulfanilamide, the saline cathartics seem, according to Long, et al. (5) to be the only drugs contraindicated.

During the past three years, our clinical observations of the local use of sulfanilamide or its related compound, sulfapyridine, following all extractions and operations in infected fields justifies our continued use of this marvelous drug. No local toxic effect has been noted in a single case. There is a lag in the time of the filling of the socket with granulation tissue in some instances. However, this is only temporary, as the cortical closure of the socket seems to be complete within the normal time. X-rays of sockets thus treated show a normal filling-in of bone substance. No swelling or temperature has been noted follow-

ing the extraction of teeth, nor has any abnormal healing been noted during this therapy.

Sulfanilamide will not prevent autolysis of the blood clot ("dry socket") when excessive trauma has been produced during an extraction. Circulatory damage influences the growth of granulation tissue into the blood clot and is responsible for the dissolution of the clot. Excessive trauma is usually produced while removing teeth, the roots of which are embedded in a sclerosed area of bone. Interosseous circulation, which influences the source of growth of granulation tissue, is scant in this area if present at all (6). Sulfanilamide is unable to prevent the "dry socket" when this condition is encountered, but it does prevent pain and hastens healing by controlling infection.

So far, we have not observed any drug incompatible with sulfanilamide when used locally. We have employed dentalone, anaesthesin, iodine and subsulfate of iron (Monse's solution) in conjunction with sulfanilamide without any noticeable tissue damage. However, we received one report from Dr. Conrad L. Inman of Baltimore, Maryland, who said that he once saw a case in which sulfanilamide in combination with iodoform gauze saturated with dentalone was used in an infected third molar socket and that there was a very sudden and extensive amount of swelling in the floor of the mouth, followed by a great amount of sluffing. This is the only report of tissue damage that we have received, and it is our opinion that the patient was sensitive to iodoform.

Dr. Inman also reported: "At the same time as the above case, there was another using the same combination of drugs in a similarly infected socket with no apparent deleterious effect."

I also received a case report from Dr. Raymond A. Gates of Eddystone, Pennsylvania, where iodoform gauze saturated with dentalone and sulfanilamide was used and brought relief of pain to a patient within a few hours and complete recovery following four treatments. This patient had required morphine for four days and nights prior to the use of sulfanilamide.

In 1937, we reported the first case in which sulfanilamide was used locally in the treatment of an infected compound fracture and osteomyelitis. Since then, we have treated many similar infections.

Perhaps the greatest clinical evidence of the value of sulfanilamide in dentistry is shown in the experiences of Dr. William Lanier in charge of the Dental clinic at the United States Veterans' Hospital in Oteen, North Carolina. Sulfanilamide was used following the extraction of 6,800 teeth for hospitalized patients who are directly under his observation. All the patients were suffering from some form of chronic infection, the great majority being tuberculosis patients who are known to have a low resistance to infection. In a personal letter to us, Dr. Lanier stated that all lesions healed without complications or pain. Sulfanilamide is used routinely following all extractions, fractures, and osteomyelitis cases in the hospital.

The experiments of Bricker and Graham (7) show that there is an inhibitory effect of sulfanilamide on wound healing. Their experiment was suggested by the idea that the drug might be used prophylactically before certain operations in which the chance of wound infection might be great. It was desired to determine whether or not this drug had any inhibitory effect on wound healing, especially since antiseptics as a group do have such an effect.

Their experiments revealed that "fibroblastic growth is inhibited and does not reach its maximum velocity until after the fifth day. By the seventh day, however, the wounds of dogs treated with sulfanilamide were but slightly below those of untreated dogs in tensile strength. From the curves obtained one would judge that, had the experiment been carried further, a point would have been reached at which the wounds would have been of equal strength."

Concluding from their experiment: "Sulfanilamide, given to dogs in doses comparable to the therapeutic doses used by human beings, has an inhibiting effect on the healing of uninfected incised wounds, as determined by the tensile strength."



The British government in the present war will use sulfanilamide as a prophylactic precaution in wounds that might result in infection. Quoting from a special article in the November fourth issue of the Lancet: "All wounds which appear likely to become the site of secondary coccal or gas-gangrene infection should receive a prophylactic course at the earliest opportunity, and this should be extended if infection supervenes." This order has been modified in the November eleventh Lancet to exclude severely shocked patients. It is advised that treatment be suspended until the circulation, temperature and urinary excretion have been re-established to reasonable levels.

In placing sulfanilamide into the socket of a recently extracted tooth, the condition is neither a true *in vivo* nor a true *in vitro*. The similarity is nearer the *in vitro* state. There is no circulation within the area until the growth of granulation tissue begins, although there is a migration of leucocytes and serum seepage into the area. The placing of a small portion of a tablet into the socket enables the contents of the socket to take up its maximum concentration of sulfanilamide. This maximum saturation of the socket content is maintained from the excess chemical. This may also be said of a compound fracture or of osteomyelitis.

We have measured the capacity of many molar sockets and have found the average to be one-half of a cubic centimeter. To bring the concentration of the contents of the one-half cubic centimeter socket up to the required ten milligrams per 100 cubic centimeters of blood would require only one-twentieth of a milligram of 1/1300 of a grain of sulfanilamide. So, one-fifth of a five-grain tablet of sulfanilamide would be 1,300 times the required concentration to inhibit growth if all the chemical were absorbed at once.

We have used much more than one grain in the socket and have found no adverse tissue reaction whatsoever. A large portion of a tablet is not advised because it takes up clot space, and as the main function of the clot is to furnish a frame work for the growth of granulation tissue, this might delay the normal filling-in of the socket.

In the beginning, we used a portion of a five-grain sulfanilamide tablet placed in the bottom of the socket. We also used pure sulfonamide granules, but our results were not as consistent as with the tablets. The constant oozing of blood might have taken the chemical out of the socket; besides this form of the drug was more difficult to place into the blood clot.

Because of its proven wider bacterial influence over sulfanilamide, we have used sulfapyridine. Its superiority over sulfanilamide has not been noted and we have discontinued its use.

The medical profession is just beginning to realize the value of the local use of sulfanilamide. Two unpublished reports confirm our clinical experience. In a United Press dispatch on November 24 it is reported that Dr. J. Albert Key and Dr. Thomas H. Burford of Saint Louis in a paper read before the Southern Medical Association described the local use of sulfanilamide in healing compound fractures.

Drs. Wigglesworth and Renkoff of the Medical clinic at the United States Veterans' Hospital at Oteen, N. C., have granted us the privilege of quoting from an unpublished paper their experiences in the local use of sulfanilamide in the treatment of nineteen suppurative otitis media cases, almost all of which were suffering with active, far-advanced tuberculosis. Seven of the group had tuberculous and twelve had non-tuberculous otitis media. The doctors state: "There can be no doubt now even to the most skeptical that where infection is present the results obtained from the local use of this product are but little short of miraculous. We tried all of the usual drugs and methods and finally we have devised what we believe to be the most effective means available in coping with the problem, not only of the ordinary suppurative otitis media, but astonishing as it may seem, also of the suppurative otitis media caused by the tubercle bacillus."



The local application of sulfanilamide in otitis media like the local application of the drug into the tooth socket is similar to an *in vitro* state. A high concentration is obtained, thereby exerting a higher bacteriostatic or bactericidal effect. Its effect upon the tubercle bacillus is in line with Long's (8) observations that "high concentrations of sulfanilamide will exert either a bacteriostatic or a bactericidal effect in broth cultures seeded with small inoculums of streptococci, staphylococci, *Escherichia coli communis*, *Escherichia communior*, *Shigella dispar*, *Bacillus pyocyaneus*, *Bacillus proteus*, *Bacillus aerogenes*, pneumococci, *Eberthella typhi*, paratyphoid bacilli and certain other micro-organisms. These observations lead us to believe that *in vitro* sulfanilamide may affect a wide range of micro-organisms, and it is likely that its mode of action *in vitro* is the same regardless of the type of bacterium under investigation.

Colebrook, *et al.* (9) found that instead of being merely bacteriostatic, a 1:10,000 or 1:18,000 concentration of sulfanilamide was bactericidal in the presence of whole human blood or serum; in blood, inocula of as many as 15,000 streptococci were destroyed in twenty-four hours.

## CONCLUSIONS

Clinical experience in the routine local use of sulfanilamide in compound fractures, osteomyelitis, and following all extractions are given. A slight lag in the filling-in of sockets has been noted in a few instances which may have been due to the use of too large portions of a sulfanilamide tablet. Conditions are recited where a resulting autolysis of the blood clot ("dry socket") may occur; however, pain usually experienced in this condition is absent. No toxic effects have been noted, nor is the drug incompatible with other chemicals usually used in dental practice.

J. A. SINCLAIR.

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## FUNDAMENTAL PRINCIPLES OF ORTHODONTICS\*

The purpose of this discussion is to present briefly the ordinary facts about orthodontics which should be familiar, not only to dentists and physicians but, for the most part, to the lay public as well.

Dentistry, which not so long ago was the unwanted stepson of medicine, has now cleared all the hurdles, or at least most of them, and is a welcome branch of medicine. Orthodontics as a specialty in comparison with its sister professions is a mere infant, but a fairly healthy and growing infant.

While we are not particularly concerned in this paper with the history of orthodontics, it might be well to mention the fact that we are not dealing with a new problem, even if it is true that about ninety-nine out of every hundred people you meet do not know the meaning of the word. In the skulls of men who lived forty to sixty thousand years ago there are evidences of malocclusion. And while Hippocrates was recognizing and describing so many other things, he also recognized and described malocclusion. The first mechanical appliance to correct the deformity was used about the year A.D. 1000. The expansion arch which is the basis of present-day treatment was first used by the Frenchman, Pierre Fauchard, about 200 years ago. The expansion arch mentioned here is based on the principle that bone will respond to mechanical stimulus and develop in the direction toward which pressure is applied.

The word orthodontia appeared in dental literature in 1841, and it was defined as "that science which has for its object the correction of malocclusion of the teeth." By 1927, due to recognition of the fact that there was much more involved than just straightening teeth, the following more complete definition was proposed by McCoy: "Orthodontia is a study of dental and oral development; it seeks to determine the factors which control growth processes to the end that a normal functional and anatomical relationship of these parts may be realized and aims to learn the influences necessary to maintain such conditions when once established."

Orthodontics is not necessarily a specialty. Any dentist who is willing thoroughly to familiarize himself with the causes, course, and consequences of malocclusion and who has the patience to master the technique of treatment can do the work. This statement is justified by the fact that about one-third of the sixty-five thousand dentists in the country are combining the treatment of malocclusion with the general practice of dentistry. It is to be assumed, however, that many of these select their cases according to their ability or their desire to treat them.

Until about the beginning of this century, practically all orthodontics was practiced by the general practitioner. At about this time Dr. Edward H. Angle recognized in orthodontics something a great deal more important than simply straightening teeth. And he is given much of the credit for stimulating the activity that caused orthodontics to develop into a specialty that had for its purpose not only the straightening of irregular teeth but also the correcting of a deformity that may be, and often is, a detriment to the general health and welfare of the individual.

Occlusion, as the dentist understands it, is the fitting together of the maxillary and mandibular teeth when the jaws are closed. Normal occlusion, as the term indicates, requires that each tooth contact the opposing tooth properly. Malocclusion is any variation from the normal.

Angle classified all malocclusion under three general classes: Class I, the general crowding of the anterior teeth; Class II, the receding chin type when

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\*Read before the Nash-Edgcombe Medical Society, Tarboro, N. C., January, 1939.

the mandibular teeth have drifted distally; Class III, the protruding chin type when all the mandibular teeth have drifted forward. This type is frequently associated with acromegalia, and when so classed is the most difficult with which to secure a satisfactory result.

We believe that for aesthetic reasons alone orthodontic treatment is justified. The truth of this statement, of course, varies with the degree of the deformity. We would not desire that every set of teeth look just like every other set in the world, nor do we in treatment try to make any set of teeth fit any predetermined pattern. The ideal is to seek a harmony between the teeth, head, and face of which they are a part. It is nature's plan to do that, and sometimes it does so without producing a perfect occlusion. In these cases it is the duty of the orthodontist to determine whether the teeth themselves or their surrounding tissues will be harmed by the abnormality, and if not, to let well enough alone.

While malocclusion is not a disease, we have to approach it as one because it is capable of producing disease and requires treatment for its correction. In addition to the aesthetic reasons already mentioned, the balance or orthodontics is strictly preventive medicine.

The first consideration in the correction of malocclusion is the cause of the condition. There are so many causes that I have not trusted myself to remember them. Instead, I present a list\* prepared by Dr. Bernard Wolf Weinberger of New York.

*Predisposing causes:*

- Acute and chronic infection and deficiency diseases.
- Congenital and hereditary defects.
- Constitutional—children's diseases, syphilis, rickets, and scurvy.
- Embryonic defects.
- Endocrine imbalance.
- Environment.
- Faulty development—harelip and cleft palate.
- Metabolic disturbances.
- Prenatal abnormalities.
- Unkown causes.

*Local causes attending deformations:*

- Abnormal frenum labium.
- Adenoids and tonsils.
- Cysts, tumors.
- Family traits.
- Feeding, soft foods.
- Habits.
- Mouth breathing.
- Neurosis.
- Nutrition.
- Obstruction of nose and throat.
- Pressure, abnormal muscular.
- Pressure, malfunctioning muscles.
- Pressure, sleeping habits.
- Thumb sucking.
- Tongue, abnormal.
- Anomalies in number of teeth.
- Contraction of jaw.
- Disproportion in size of teeth and jaws.
- Early eruption of deciduous teeth.
- Excessive number of teeth.
- Abnormal position of germ of teeth.
- Imperfect fillings and restorations.
- Grinding teeth.

\*Not taken verbatim.

Jaws of one parent and teeth of another.

Large teeth, small.

Loss of teeth.

Malformed teeth.

Congenitally missing teeth.

Neglect of supervision of second dentition.

Nonabsorption of roots of deciduous teeth, and tardy eruption of permanent teeth.

In this last, local causes attending deformation, we get interference with the natural forces of occlusion. The recognized forces of occlusion, six in number, are as follows: normal cell metabolism, muscular pressure, forces of the inclined planes of the cusps of the teeth, normal approximal contact of adjoining teeth, harmony in the size of the arches, and atmospheric pressure.

One of the most common direct medical problems with which we come in contact is the mouth breather. Mouth breathing releases an abnormal muscle pressure on the buccal surfaces of the teeth and at the same time interferes with the atmospheric pressure inside the mouth. The results will be a restricted arch with high palate frequently causing a deflection of the nasal septum and restricted nasal air passages. On the other hand, this very condition, or at least interference with normal breathing, sometimes caused by adenoids, is responsible for the restricted arches and the consequent malocclusion. This restriction of the maxillary arch is frequently the cause of a child talking as though his nose were partially occluded, as is the case in part. In addition to this, the maxillary sinuses may be so altered as to prevent their acting properly as a sounding board.

As guardians of the public health, we should be conscious constantly of the possibilities of these abnormalities; we should be able to recognize them and be prepared to give intelligent advice. A sound policy to follow as regards time of treatment is to institute treatment, where actual harm is being done, just as soon as it can be determined that nature will not correct the fault.

The final consequences of untreated malocclusion are also an impressive study to me. While in any consideration of the human teeth we cannot overlook the value of beauty, I have no hesitance in stating that function is of far greater importance.

Here is another of those lists which is intended to impress upon us the dire consequences of malocclusion or the loss or impairment of function. The first effect of malposed teeth is imperfect mastication, followed by imperfect digestion, and incomplete assimilation, which produces malnutrition and general undermining of the health. This may be followed by poor application to studies, increased susceptibility to disease and impairment of growth. Then when we have an unhealthy, unhappy individual, we have the question of unfitness for future vocation, with its attendant question of reduced earning capacity and lowered social standing.

The face is disfigured; consequently self-consciousness and, perhaps, an inferiority complex may result. This can and does have its effect on accomplishment. In years to come the individual so neglected may show a definite resentment toward his parents. Common observation will demonstrate that there are many exceptions to this statement. But the statement stands as a fact.

No one with a major deformity confronting him as a reflection in every mirror can take as great an interest in his teeth as if they were beautiful to look at and reflected a joyous perfection with every smile. But, with or without neglect, irregular teeth will be more subject to decay and disease of the supporting structure. And in turn, this pathologic condition loads the system with poison from these foci of infection. You are much more familiar than I

with the chronic diseases that follow such infection, and I shall not attempt to instruct you in this field.

The above facts, if taken as seriously as I offer them, can hardly fail to make you to some degree orthodontics conscious. I am confident that such consciousness on your part cannot fail to benefit someone sometimes to such a degree that your effort will not have been in vain.

ARTHUR L. WOOTEN.

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## NEW MEMBERS WHO JOINED THE DISTRICT SOCIETIES THIS FALL

J. P. Bingham, Jr.....	Lexington, N. C.
Pearson W. Brown.....	31 Arborvale Road, Asheville, N. C.
Joe V. Davis, Jr.....	Concord, N. C.
M. O. Fox.....	Elkin, N. C.
Noah D. Fox.....	Statesville, N. C.
J. B. Freedland.....	809 Prof. Bldg., Charlotte, N. C.
Paul T. Harrell.....	Wake Forest, N. C.
Alice Patsy McGuire.....	Sylva, N. C.
Harold S. McGuire.....	Sylva, N. C.
Walter E. Neal.....	Liberty, N. C.
Thomas G. Nesbit.....	311 Prof. Bldg., Charlotte, N. C.
Harold E. Plasten.....	149 Lockland Ave., Winston-Salem, N. C.
John E. Pleasants.....	Reidsville, N. C.
Samuel J. Potts.....	Chadbourne, N. C.
Raymond R. Renfrow.....	Whiteville, N. C.
Ruffin Self.....	Lincolnton, N. C.
J. T. Thomas, Jr.....	P. 1, Country Club Apt., Greensboro, N. C.
Stuart J. Ward.....	Greenville, N. C.
Dan Wright.....	Greenville, N. C.



## ORAL HYGIENE, A PROBLEM IN PUBLIC HEALTH\*

He who stood among the great in the field of medicine, Sir William Osler said, "there is not one single thing in preventive medicine that equals in importance mouth hygiene and the preservation of the teeth." This is not an idle or extravagant statement from an irresponsible person, but to the contrary one of value which came from the fertile and resourceful brain of an eminent physician. This thought naturally falls in line with your work and the opportunity which you have to bring a little closer to realization the dream of the North Carolina State Board of Health and the Dental Profession.

You are missionaries in an educational program and to be successful in the prosecution of your objects there must be a splendid mixture of those qualities which will make you personally and professionally popular in the communities where you go. Your task is not easy—you have to be sympathetic and understanding toward an intolerance and prejudice which you will naturally find in many places, and to put your point across, you, the parent and the child will have to establish a common level; your responsibility will be to come down to the lower step and through patience, tact and diplomacy and a very liberal portion of good hard common sense, teach the mother and the child the value of good hygiene and its relation to general health, until you have reached a higher level on the platform of that knowledge which pertains to oral health, its acquisition and maintenance. The teachers in the schools where you go will be the valuable connecting links, and will be able to carry on to a very great degree some of the instructions in the fundamentals. They are as interested in teaching the child to maintain health as they are to train their little minds. A teacher properly instructed will be continuously on the alert with the children and their mothers on this vital problem of oral health and its bearing on general health. Spend as much time talking to these teachers as you can—it will pay great dividends.

It is trite for me to remind you of some of the essential points to stress in such a program of education, yet emphasis oftentimes makes us more conscious of necessities. Some of the following points have been found beneficial in such a program of teaching:

The importance of deciduous teeth. Go into great detail on this and impress upon the child, teacher and parent that these teeth are not in the true sense of the word *temporary*, but are transitional teeth to meet the requirements of a growing child.

Importance of six year molars. Why it is so necessary not only that they be properly looked after, but also that the deciduous dentition is so preserved that these molars will come into their correct relation to each other.

Regular and frequent dental attention:

Small defects cared for are less painful and less expensive.

Prevents extraction by stopping decay before tooth has been destroyed.

Focal infection from teeth. Draw a mental picture of how the bacteria and toxins are distributed to other more vital parts of the body.

Results from bad teeth:

Harbor decaying food.

Contaminate food during mastication.

Impair digestion.

Cause inflammation of gums.

Toothache.

Ill health.

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\*Digest of a paper given before the Third Annual Institute of Public Health Dentistry at Chapel Hill, N. C., on July 13, 1938.

Irregular teeth.

Personal care of the mouth:

Brushing.

Dental floss.

You have an unusual opportunity to teach the apparently unthought of fact that the teeth and supporting structures are a biological and physiological part of a biological and physiological whole. It is a sad fact that the majority of the people look upon the oral cavity as being something separate and distinct from the remainder of the human anatomy, and subject to different laws and different treatment; all this in spite of the fact that such a statement that 85% of all diseases enter the body through the mouth was attributed to none other than Dr. Charles Mayo. If you do not see but a comparatively few children, take the time to put some of these ideas across:

That food masticated in a healthy mouth has a better chance of being properly digested and utilized:

That many of the diseases which daily take a heavy toll of human life have their origin in the mouth;

That in every respect it is better to prevent disease by taking usual precautions than it is to treat disease and repair damages. We immunize against many diseases now because our people are educated to believe in this beneficial necessity, so why can't we prohibit many diseases of an infectious nature whose origin could have been eliminated very easily.

Can we put this idea across to the child, parent, and teacher? "Knowledge without health cannot profit us."

You have a very difficult service to render and if there does not swell within your breast a high spirit of altruism and a burning desire to serve unselfishly, then you are lost and defeated before you begin your work. It is your duty and "Let us not run out of the path of duty, lest we run into the way of danger" to teach your little patients and their mothers that you are removing death dealing bacteria and contaminated areas and restoring to functional activity a biological and physiological part of one's anatomy. They must have patient instruction in disease other than dental caries—trench mouth—foul! dangerous alike to the dentist, the patient and the community. How easy it is to transmit, and how fatal it can be. Pyorrhea; oftentimes a mouth which is literally a cesspool of filth; syphilitic lesions, large ulcerated surfaces full of spirochetes awaiting an abrasion on the hands or fingers of the dentist to infect him, and to stigmatize for life the little patient. Abscesses; necrotic bone tissue and soft tissues floating in pus. Paint a dramatic and tragic figure in using this vast array of clinical material as a teaching medium, that those who are to come along may be spared the dangerous discomfort which the children you now see bear. Your monetary reward is not great, but the contentment, which is a by-product of good deeds and fine living, gives you an inner joy and feeling of satisfaction which more than recompenses you. You have to develop a philosophy of life which will open the mental windows and let in the fresh air of human courage to carry on in this your chosen field. Teaching is a hard job, especially when it comes to preventive medicine or a manner of living and care as to preserve a healthful body. For example, as valuable as diet is, it is only a very small link in maintaining a healthy body, as the complexity of metabolism and the many intrigues of individual idiosyncrasies may retard normal development and not at all inhibit dental caries. So your task is extremely difficult as nothing can be absolute in its application, only relative, depending upon the individual.

It has been aptly said that if one should have good teeth he should select grandparents with a perfect masticatory apparatus. We haven't the ability to do that, but we probably have the ability to so take care of our own bodies that our grandchildren may have a better chance at a healthy mouth and a healthy body. It is your problem as missionaries in the field of teaching Oral

Hygiene as a Public Health Measure that we can begin to lay the foundation for more healthy children and in sequence more healthy adults. Oral Hygiene is a problem of health education—it is preventive medicine less spectacular than prohibiting small-pox, typhoid fever, etc., but little less important when we are able to avoid heart lesions, kidney lesions, arthritis, etc. It is in this field that dental service is most valuable, and let us keep in mind that as valuable as the restorative side of dentistry is, it is only the means to an end. The accumulated knowledge of the years as it pertains to the question of health must be made available to the citizenry of this country, and it is through the medium of organized public health departments, of which you are a most necessary member, that we can realize progress.

People are so accustomed to the oral cavity serving them so long and faithfully that they are prone to minimize its importance in maintaining health. From the first yelp at the light of day until the last gasp at sun-down, it is almost in constant use. From the toothless sucking babe, through the baby dentition and the permanent dentition and again toothless old age, tons of food are masticated, mixed with salivary secretions, which are important to digestion, and carried to the stomach to be digested, assimilated and eliminated for the good of the organism. Put this idea across to the mothers—that the dental mechanism both deciduous and permanent is most necessary to maintenance of health.

The criteria of a civilization are not in mass production, display of wealth, the speed at which we go, nor the inventions of its people, but rather, they are in the values we place upon humankind, human personality, their health, comfort and happiness. The health problem of the poorest man in our state should be a problem of greatest concern to our highest official, as the physical condition of our citizenry is the foundation of our establishment. Our primary objective is the prevention of disease. Let us look at our problem without prejudice, with due regard to cause and effect, and let us strive to teach intelligently and sympathetically the causes of disease and to outline rigid routine for prevention. "Duty frowns when you flee from it, follow it and it smiles upon you."

G. FRED HALE.

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## ANNOUNCEMENTS

The Tennessee State Dental Association will hold its Seventy-third annual meeting, May 13, 14, 15 and 16, 1940. Hotel Peabody, Memphis, Tennessee.

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## ATTENTION N. Y. U. ALUMNI

If you have any news concerning the activities of alumni members of New York University College of Dentistry, such as

- a. Institutional activities by N. Y. U. alumni; e.g., public clinics, hospitals, city health centers, etc.

b. Fraternal alumni activities. (In order to make sure your fraternity is not left out, get in touch with me.)

c. Class activities of alumni; such as reunions, dinners, etc. please get in touch with Harry Roth, '31, Associate Editor, Alumni Section, N. Y. U. Dental News, c/o College of Dentistry, 209 East 23d Street.

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### OMICRON KAPPA UPSILON

Twenty-fifth anniversary meeting of Omicron Kappa Upsilon will be held in conjunction with the annual meeting of the American Association of Dental Schools, in Philadelphia, March 15, 1940, 7 P. M., at the Benjamin Franklin Hotel.

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The Alpha Omega Fraternity is now in the process of publishing a new and complete directory of its entire membership. All fraters are hereby requested to forward their names, office addresses, year and school of graduation to the Supreme Scribe.

WILLIAM RICH, *Supreme Scribe*,  
575 Belleville Ave., Belleville, N. J.

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"The Dental Centenary Committee, in making plans for the Dental Centenary Celebration to be held in Baltimore March 18, 19 and 20, 1940, has passed the following resolution:

"That the membership card of the American Dental Association shall be the symbol for registration and admittance to the Centenary sessions. Students of recognized dental schools, members of associated groups such as medicine, pharmacy, nursing, public health, dental hygienists, dental assistants, and like groups shall be admitted without charge upon proper certification. A Registration Committee of the Dental Centenary Committee has been empowered to act as a certifying committee wherever necessary.

MEYER EGGNATZ, *Secretary*,  
*Dental Centenary Celebration.*

## DENTAL RELIEF FUND

You are all familiar with the plan, that half we contribute is immediately turned over to our own State Fund. And then the National Relief Fund will match with an equal amount all that we contribute to distressed worthy members.

As we already have an increasing fund it is clear that we will receive more than we contribute to the Christmas Fund.

We are in the lower brackets of those who contribute to this fund, but we do hope that all of our members who have not sent in their contributions will do so at once, (it will not be too late), and that many of these as well as those who have already responded, will make the amount two, five or more dollars.

We are so glad that our beloved, honored, and faithful lamented members "Pitt" Beam and "Billy" Bell responded promptly, and their names appear in the list of those first received before November 10th, at the National Office.

J. C. WATKINS, *Chairman*  
*Dental Relief Committee,*  
*N. C. Dental Society.*

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The Eighty-second Session of the American Dental Association will meet in Cleveland, Ohio, September 9, 10, 11, 12, 13, 1940.

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The Sixty-sixth Annual Meeting of the North Carolina Dental Society will meet in Charlotte, N. C., May 6, 7, 8, 1940, Hotel Charlotte.



## DISTRICT SOCIETIES



### FIRST DISTRICT

President.....	WALKER E. CLARK, Asheville
President-Elect.....	W. K. CHAPMAN, Sylva
Vice-President.....	RALPH COFFEY, Morganton
Secretary-Treasurer.....	WM. M. MATHESON, Boone
Editor.....	DAVID ABERNETHY, JR., Hickory
Nominating Committee.....	{ J. A. SINCLAIR, Asheville { *A. PITT BEAM, Shelby
Delegates.....	{ O. C. BARKER, Asheville { A. D. ABERNETHY, SR., Granite Falls { WM. M. MATHESON, Boone

### FIRST DISTRICT NEWS

Our meeting held in Morganton this year was successful socially, in attendance and clinically. The buffet supper held at the beautiful Mimosa Country Club was especially fine. Dr. James A. Vaughn of Nashville was the principle Clinician with the subject "Fixed Bridgework for the Average Practitioner." The meeting place in 1940 will be in Hickory. The officers elected were: President-Elect, Dr. Kermit Chapman, Sylva; Vice-President, Dr. Ralph Coffey, Morganton; Secretary-Treasurer, Dr. W. M. Matheson, Boone. House of Delegates to State Meeting: Dr. O. C. Barker, Asheville; Dr. A. D. Abernethy, Sr., Granite Falls. Nominating Committee for State Meeting: Dr. Jack Sinclair, Asheville, Dr. Pitt Beam, Shelby.

At the meeting it was stated that we have an enrollment of 108. Five new members were enrolled and three reinstated. New Members: Dr. Ruffin Self, Dr. Harold McGuire, Dr. Pierson W. Brown, Dr. Patsy McGuire, Dr. William Yelton.

We are of course expecting a great meeting in Hickory next fall. With no conflicts in meetings, there should be more out-of-district visitors than ever before. A custom which is fast growing in favor.

### **DR. PITT BEAM**

As a graduate starting out, it was a privilege to have known Pitt Beam. He never failed to have a cheerful greeting and a word of encouragement for all of us. He was a man four-square. Lacking literary skill to express our deep sense of loss, we can only say—He was a gentleman and a scholar. Some day we shall meet again we hope, in that happy land where there are no broken appointments and a man can go bird hunting every day.

### **TRI-COUNTY NEWS**

Dr. Ralph Herman was in charge of the last meeting held in Taylorsville. Table clinics were presented and round table discussion followed.

Dr. William Yelton was a new member. He is practicing in Hickory.

### **PERSONAL**

"Pappy" Ab and Dan Brown went bird hunting Thanksgiving. They didn't cut a feather. Dan says the birds have been practicing zig-zag flying but we have our doubts about that.

With a great football season about to be history, we can turn our thoughts to basketball and bird hunting. A good dog on point and the roar of the flushed covey is great medicine for the body and soul.

Christmas again—a sad season if you *think* that way, a beautiful season if you have the spirit of giving in your heart.

Happy days for 1940 and many years to come—and we'll see you in Charlotte this Spring.

D. ABERNETHY, *Editor, First District.*

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## **DR. WILLIAM FORREST BELL**

On Saturday morning, December 2, 1939, just before the dawn of another day, "Billie" Bell passed from this earth to a better and unknown realm.

As an otherwise brilliant sun rose over the eastern mountain horizon a pall of gloom darkened its face. Word was being spread about that Billie Bell was dead. By noon the untimely ending of Billie was upon the lips of all who knew him.

His was an unusual nature; one endowed with gentleness, initiative, personality and friendliness.

To know the number of his friends was only to determine the number of his acquaintances.

To his innumerable friends he was known only as "Billie". To know him was to love him. Our grief is a manifestation of a great loss.

Billie's life work is ended, but a noble spirit lives on in the memory of his friends.

We, who are left, shall miss his friendship, companionship and wisdom.

His literary and professional achievements are well known and shall remain an inspiration and guidance to the members of his chosen life work.

FREDERICK L. HUNT.

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## DR. AUGUSTUS PITT BEAM

Augustus Pitt Beam was born May 15, 1893 in Shelby, North Carolina. After receiving his dental degree from Southern Dental College in Atlanta, Georgia, in 1917, he served as a lieutenant in the dental corps at Camp Gordon near Atlanta during the last war. Later he was associated with Dr. Fred M. York, practicing his profession in St. Petersburg, Florida.

In the year 1921 he established a practice in Shelby, North Carolina and was married there three years later to Miss Mae Kendall. He was by far one of the most outstanding men of his community, being the youngest deacon in the Baptist Church, a leader of the Kiwanis Club, a member of the city board; and local post of the American Legion. He was a member of the First District North Carolina Dental Society since 1921, holding the office of president during 1927. He was a member of the Southern Academy of Peridontology from 1925 until his death. Among his civic interests were the Boy Scouts, teaching Oral Hygiene to the student nurses of the Shelby Hospital, and all youth movements. He was an ardent sportsman and will be remembered by intimates in his profession for his many hunting trips and enviable trophies.

He will long remain in the hearts and memories of all who were privileged to know him as a man humane above all other qualities. His death came on November 12, 1939.

W. L. RAYMER.

## SECOND DISTRICT

President.....	J. H. GUION, Charlotte
President-Elect.....	A. S. BUMGARDNER, Charlotte
Vice-President.....	W. A. INGRAM, Monroe
Secretary-Treasurer.....	C. A. BARKLEY, Winston-Salem
Editor.....	J. P. REECE, Concord
Executive Committee.....	R. W. CREWS (Chairman), Thomasville
Delegates.....	{ J. P. BINGHAM, Lexington R. W. CREWS, Thomasville T. P. WILLIAMSON, Charlotte
Nominating Committee.....	{ JNO. A. McCLUNG, Winston-Salem J. P. BINGHAM, Lexington

## PRESIDENT'S ADDRESS, SECOND DISTRICT\*

Mr. President, Members of the Second District Dental Society and Guests:

Let me express to you my appreciation of the honor you bestowed on me in electing me as your president. The past year has been a busy and fruitful one for me, as I have learned more about our society—its problems and accomplishments. Full credit should be given to our predecessors in office for the wonderful organization they have built up and the fine spirit of cooperation of all members then, as well as now. We realize the success of the Dental Society depends so much on the loyalty of the members and we are grateful for this.

We feel unusually proud of the program arranged for this meeting. For this

\*Read before the Second District Dental Society, October 9, 1939, Charlotte, N. C.

we are indebted to the capable members of our Program and Clinic Committees, and to the willingness of our outstanding speakers and Clinicians to serve. I want to thank also, all members of other Committees who have worked so faithfully in planning for this meeting. The Charlotte Society has been most helpful and hospitable in arranging for our entertainment and pleasure.

In order to keep abreast of the latest developments in his field the Dentist will surely attend the Dental Society. Any professional man who tries to depend entirely on his own knowledge and experience is making a mistake. We admit no one person can know all there is to know about a profession. At the meeting we discuss our problems and through this discussion often reach a successful solution. We also receive first hand information concerning the latest methods and developments in our field.

As Dr. Merritt said in his President's Message in this month's American Dental Journal "what we need is an informed and united profession, also a deeper sense of our personal responsibility toward our calling and our duty to it."

Our State Board of Health is doing an excellent work in educating the public on the necessity of taking care of the teeth. I think every dentist should urge the importance of Preventive Dentistry upon all his patients. Talks at Parent Teacher Association may seem to waste a busy dentist's time, but I believe much information of real value to the community can be imparted through this and similar ways.

Since dentistry is looking forward to celebrating its 100th anniversary next spring, it seems a fitting time for all our members who have not done so, to obtain a copy of our own N. C. Dental History written by Dr. Martin Fleming. I would like for every man in our district to own and to read this history.

These Autumn days make us realize that Christmas will soon be here, and with it our American Dental Association Christmas seals. You all know this money goes for a worthy cause. One half of the receipts are returned to the states from which it is collected to be used for local needs. May I strongly recommend that each of you subscribe to this worth while cause.

A few years ago our district participated in the University Extension Course plan, and I think it was of immeasurable help to those who took the courses. I would like to suggest that we plan to have this course adopted again in the very near future.

In closing let me again express my appreciation to each of the officers and committeemen for their fine work during the year and to all members of the Society. It has been a pleasure to serve you throughout the year and I hope that we may all work as best we can toward the advancement of our profession.

O. R. HODGIN.

## **PAY DUES NOW**

As 1939 comes to a close and 1940 comes into view, it is the time to take stock and set our goal for the future. We that are privileged to be members of organized Dentistry have a heritage to carry on and duties to perform. Those who are not members of the North Carolina Dental Society are also taking stock and setting their goal. This is the best time of the year to get new members. They need organized Dentistry and we need them. Let us try to interest every worthwhile dentist to join and help put Dentistry where it should be. We can and must move forward. It will be easier when we all pull together.

Yours for a larger membership.

CARL A. BARKLEY, *Secretary-Treasurer.*

## **CHARLOTTE MEETING**

Those of the Second District who were unable to attend the meeting held in Charlotte on October 9 and 10 missed one of the best district meetings it has been our pleasure to attend. Dr. Ralph Jarrett and his program committee are to be congratulated on the splendid program which they arranged. The table clinics were unusually good. The meeting as a whole compared very favorably with many State meetings.

## **TRIBUTE**

In the untimely death of Dr. A. Pitt Beam of Shelby, the North Carolina Dental Society lost one of its most valued members. Although he was not from this district he was known and loved by many dentists in this district and all over the state. For to know him was to love and respect him—an able dentist and a Christian gentleman.

## **PERSONAL**

We read with interest of the marriage of Dr. F. M. Stonestreet of Albemarle to Miss Virginia Rogers of the same city on November 15. Every good wish to Dr. and Mrs. Stonestreet.

Dr. Joe V. Davis, Jr., a graduate of Atlanta-Southern last spring who is one of our new Society members, has opened offices in the Cabarrus Bank Building, Concord. Best of luck, Dr. Joe.

## **LEST WE FORGET**

As we approach the joyous Christmas season, let us be mindful of those of our calling less fortunate than ourselves. There are those this Yuletide who must ask help of our profession. Let us help to make their lives a little happier by sending our dollar to the Relief Committee for the Christmas seals sent us. A goodly percentage of all the money sent in by us will be returned to this state for use among our own needy members and their families. Let's make our district one hundred percent on this Christmas seal program.

(Please send in any personal and local society news of interest so that we can get it in the bulletin. Merry Christmas!)

J. P. REECE, *Editor Second District.*



## THIRD DISTRICT

President.....	W. R. MCKAUGHAN, High Point
President-Elect.....	R. A. WILKINS, Burlington
Vice-President.....	J. H. HUGHES, Roxboro
Secretary-Treasurer.....	A. W. CRAVER, Greensboro
Editor.....	O. L. PRESNELL, Asheboro
Delegates.....	<div style="display: inline-block; vertical-align: middle;"> <div style="display: inline-block; vertical-align: middle;">{</div> <div style="display: inline-block; vertical-align: middle;"> R. A. WILKINS, Burlington  R. L. UNDERWOOD, Greensboro  FRANK E. GILLIAM, Burlington </div> </div>
Nominating Committee.....	<div style="display: inline-block; vertical-align: middle;"> <div style="display: inline-block; vertical-align: middle;">{</div> <div style="display: inline-block; vertical-align: middle;"> W. R. MCKAUGHAN, High Point  A. W. Craver, Greensboro </div> </div>

## UNITY, COOPERATION AND HARMONY\*

Mr. President, Fellow Members of the Third District Dental Society and Guests.

To this group of men comprising the membership of this society and to those who have gone before us, who had a part in its organization and making; I wish to express my sincere and deepest appreciation for the high honor they have bestowed on me.

First—because of the privilege it has been to be associated with such an excellent group of men as comprise the official family—governing body and members of this society.

Second—because I have had the opportunity of making an effort, however small it may be, to repay the debt I owe to the Third District Dental Society for its inspirational and educational meetings in the past.

I would be most ungrateful if I did not pause to thank the various committees who have given so unselfishly of their time and efforts that we might have a worth while program for this meeting. The loyalty of these various committees, their willingness to respond to every request has been all anyone could desire. Their cooperative spirit during my term of office has made my task much easier. For all this loyalty to the society and harmonious cooperation on the part of the officers and committee I am indeed grateful, and to all of you who by your presence contribute encouragement to those who have worked hard to give you a worth while program I wish to express my sincere appreciation.

There is one subject that I would like to discuss and that is Ethics. A much worn subject but the more worn the more valuable it becomes. Ethics is a subject that will ever be held before the eyes of the members of the allied profession. If the word ethical be given its true academic meaning, an ethical dentist can be defined as one who does his duty to his patients, to himself (and this of course includes his dependents) and to his fellow practitioners. A dentist may be unethical without infringing on any rule of the above mentioned code of ethics. Thus a dentist may extract teeth that could be saved, simply because prosthetic work is more profitable than conservative work. This is a highly unethical procedure, to say the least of it, it is an unfortunate fact that it is not practiced solely by the advertising dentists. On the other hand a dentist who habitually gives his services to his patients for low fees is unethical in that he is neglecting his duty to his dependents and to his fellow practitioners.

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\*Read before the Third District Dental Society, October 24, 1939, Burlington, N. C.

A truly ethical dentist will endeavor to preserve a correct balance between his own interest and those of his patients who will therefore receive good value for their money.

Most patients prefer to visit an up-to-date dentist and be operated upon by a cheerful, well groomed person in pleasant surroundings. They recognize that dentists do not live on the air and that they must pay for the attention necessary for their dental well being. However a few members of the dental profession who continually undercut the fee of the majority of reputable dentists are distinctly more unethical and do more to "sweat" the whole profession than do those blatant men who advertise in the public press.

A habit to which some dentists are addicted is that of criticism of other dentists. However, as a matter of general principle it is invariably wrong and decidedly unethical for any dentist to criticise the work, fees or personal characteristics of a fellow practitioner to, or in the presence of, a patient. A dentist cannot prevent a patient from criticising his former dentist but he can and should discourage such criticism by taking no notice of such remarks, and immediately changing the subject. The Golden Rule is a safe precept to follow in this case as in all situations in which the reputation of another dentist is concerned.

It will profit us little even though we may become skilled beyond the wildest dream of the most exacting technician if we permit our ethical standard to deteriorate and fall away into the realm of the imposter and the petty profiteer. There is nothing worse in all human relationship than for a professional man to take advantage of his position to impose on or exploit the people who trust themselves to his care. It is unethical to pose in a false light before the patient in public or to in any way misrepresent facts to the detriment of the people we serve. When an individual takes the chair of a dentist and puts himself under the professional man's care he thereby places upon the dentist a moral obligation that he does not obtain in any of the ordinary business walks of life.

The dental profession today is laboring under many disadvantages which are accentuated by the lack of understanding and appreciation by the public of the cost and value of dental services.

It is quite certain that as a necessary preliminary to adequate public recognition there must be created a spirit of unity and harmony in the dental profession.

The best way to do this is to make himself as well qualified as possible to discharge his duties and to conduct his practice on the highest level of ability. Doing his whole duty to his patients is highly commendable but it is not enough. If each man should isolate himself in his own practice, read no professional books or journals and did not cooperate with his professional brethren in any way, nothing but a rapid degeneration of the profession would follow.

So let us all cooperate a little more. Good fellowship and friendly attitude to our fellow man are the stimulants that spur us on and make life easier and more worth while. Cooperation is a lubricant that makes our professional activities run more smoothly. In no other profession or business does the above statement apply more than to the dental profession. Better dentistry can be accomplished in a city or community where there is whole-hearted cooperation and where there is a friendly attitude. This has been developed to a high degree in business by the civic clubs, ideals are exchanged and a general good feeling reigns. These civic organizations have developed a very high code of ethics, which, before the existence of the organization, were lacking in many respects. Today business as a whole is conducted on a much higher plane than of yester year.

The district and state dental societies are serving the same purpose for the dentists and the profession that the civic clubs are doing for business relations. Someone has truly said that if you break bread with your fellowman across the festive board that it is hard to go out and knock him or do him an unkind deed. This good feeling and fellowship should reach out to every man whether he be in the city or small country town. The only way that this epidemic of good fellowship can be spread and permeate the district and state is to have contact and be exposed to it.

C. D. KISTLER.

## FOURTH DISTRICT

President.....	W. W. RANKIN, Raleigh
President-Elect.....	J. W. WHITEHEAD, Smithfield
Vice-President.....	H. L. ALLEN, Henderson
Secretary-Treasurer.....	K. L. JOHNSON, Raleigh
Editor.....	RUFUS L. JONES, Warrenton
Delegates.....	{ H. L. ALLEN, Henderson { H. O. LINEBERGER, Raleigh { S. R. HORTON, Raleigh
Nominating Committee.....	{ D. L. PRIDGEN, Fayetteville { C. W. SANDERS, Benson

## FOURTH DISTRICT MESSAGE\*

Mr. Chairman, Members of the Fourth District Dental Society and Guests:

It is, according to custom, the duty of the President to address the members of this society each year. In this address he usually reviews and gives a brief comprehensive summary of the activities of the society during the year, together with a discussion of conditions and events which have a bearing on the progress and security of Dentistry and the welfare of the public with whom we come in contact in a professional way.

It seems to me that the past twelve months have brought with them many things of great importance to the members of the Fourth District. Surely we are justified in being proud of the progress we have made. Our membership has grown. Our members have been greatly honored by our state and national organizations and they in turn have proven their ability and worthiness as leaders and professional men. We have here an organization that is free from strife and petty jealousies. To me this has been a most pleasant year and the support and assistance which I have received have been an inspiration. My greatest desire is that I can come to the end of my term of office and feel that

\*Read before the Fourth District Dental Society, October 16, 1939, Raleigh, N. C.

these qualities which have made this such a friendly, progressive, and harmonious District have been strengthened and not weakened.

I should like at this time to pay tribute to one of our members who isn't able to be with us today. One who has counted time and spent energies as well used when he could contribute them to our profession. We can't help but think that perhaps Dr. Howle would be with us today had he not contributed so much of his health and strength to dentistry outside of his work at the chair. No sacrifice has been too great for him to make if he knew we would be served. We, as members of this society, cannot betray the trust and responsibilities left in our hands by such a man as he.

During the past year one of our members made the greatest single contribution to dentists and dentistry in North Carolina that has ever been made by a native dentist. We have been presented with the fruits of many days and months of labor in the form of a history of North Carolina dentistry and its dentists which reaches back to the pioneering days of our profession in this state and comes up through the years to the present time. We are greatly indebted to Dr. J. Martin Fleming for this masterful contribution and we are thankful that we know him and are privileged to pay this small tribute to so great a man.

And now to touch briefly on some conditions and events outside our district that have taken place during the past year which have a bearing on the development and security of our profession.

No doubt it has been many years since events have transpired which are more vital to us and of more significance in shaping our future than have been brought to our attention during the last twelve months. It would seem to a careless observer that dentistry as a health service has only recently been discovered. Our profession and those who make up its membership have been thrust into the white, hot glare of publicity. Through the medium of radio, newspaper, and magazine we find public interest being aroused as never before concerning health service and along with it, the obligations of the physician and dentist to the public. All this seems to come from so many social changes we have experienced and the coming into existence of an idealistic desire to not only make dental and medical care possible to the masses but force the masses to accept these services in order that their condition may be bettered from the standpoint of health.

This position we find ourselves occupying today leads me to say this—we must seek a solution, recognize that if we are to perform our duties to the greatest advantage both to ourselves and to the public—our course must be chartered in such a manner that our initiative will remain intact and our obligations satisfactorily fulfilled. Our organization will then weather the storm. When social adjustments have been completed and upheavals cease, dentistry will find itself stronger, better equipped and performing its duties to the masses as never before.

Those of us who practice dentistry today are confronted with a world about us which is changing so rapidly as to make keeping track of this shifting and changing almost impossible. Yet it is well enough to remember that we are a part of that change, that we are being involved directly and that we must



remain compact, honest, and sincere in our desire to fulfill our obligations to the public in such manner that only credit and not condemnation will come.

Dr. Ward, in his address to the A. D. A. this fall made the assertion that dentistry need not fear betrayal from without, but if it comes, it will come from within, from members of the profession who are willing to destroy all that dentistry represents for their own personal gain. Let us hope that such a time never comes. There's no better means of preventing such happening than through honesty among ourselves and the support of our District, State and National Organizations which are working for a satisfactory agreement by which our cause and the cause of the public may be best served.

After all claims and counter claims have been analyzed, what may we say is back of all these disturbances and demands? Disregarding the claims of inferior social workers, petty politicians, paid contributors to newspapers and magazines and those who wish to create for themselves a job, we can see in the Wagner Act and new Social Security laws and many other laws being thrust upon us just this—a demand that our profession and our services be so modified that greater numbers may be benefitted from those services. The public is being made to believe that they can buy medical and dental services as a commodity. They are not informed that dentistry today in this country leads the world and that this leadership and perfection of service came about directly as a result of the liberties and privileges granted the profession by the public and the constant efforts put forth by the dentist to build his practice through efficiency and excellency of service. There's a great deal the public hasn't had brought to their attention. Along this particular line one of our outstanding leaders tells us that if we are to reach an understanding and be able to regulate the modifications that apparently must come, we must educate the public in its obligations to the profession and to itself and convince government officials that laws and money cannot achieve the desired objectives without cooperation with the profession. This we believe to be true. If health standards and facilities available to the people in this country today are to be maintained, the groups involved, namely, the public, the dentist, and the government, must all three get together in a spirit of cooperation, of understanding, and of sympathy. Then and only then can a satisfactory solution be found.

Our National organization the A. D. A., has already set up what is known as the National Health Program Committee and heroic efforts are being made to see that justice and fairness is done to all groups involved. The very least you and I can do is to support those who represent us, and in that spirit I feel that we have nothing to fear.

Dr. Hale, in his address to the State Society this year, pointed out the futility of allowing government agencies to set up some system they may think practical without the cooperation and experience of the profession and also the willingness of the public to cooperate. In the past the local Dental Societies and the Public Welfare Boards in each community have worked together and evolved a practical and beneficial system of relief dentistry for the indigent. Until something definitely is decided, I know no better system we could follow.

I have no recommendations to make which I think would greatly benefit this organization at this time.



Please allow me to express my very deep appreciation to all of you who have assisted me so willingly during the past year. I particularly wish to thank the members of the Program and Entertainment Committces who have worked so diligently and faithfully in order that this meeting might be a success.

To you who have taken and will take a part in our program, I wish to express my thanks, for without your interest and efforts this meeting would not be worthwhile.

I wish to thank my fellow officers who have performed their duties so efficiently during our term of office.

This honor you have given me is one for which I am deeply grateful and for which I will ever be anxious to do whatever I am able to repay you.

C. W. SANDERS.

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DR. H. R. CROMARTIE  
RAEFORD, N. C.

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## FIFTH DISTRICT

President.....	A. T. JENNETTE, Washington
President-Elect.....	Z. V. PARKER, New Bern
Vice-President.....	D. J. EURE, Morehead City
Secretary-Treasurer.....	H. E. NIXON, Elizabeth City
Editor.....	JUNIUS C. SMITH, Wilmington
Delegates.....	{ G. L. OVERMAN, Goldsboro C. E. MINGES, Rocky Mount JAMES H. SMITH, Wilmington
Nominating Committee.....	{ Z. L. EDWARDS, Washington PAUL E. JONES, Farmville

Our October meeting in Elizabeth City was one of the most outstanding District Meetings that it has been my pleasure to attend. President W. T. Ralph opened the meeting with a most interesting and inspiring address, sounding a keynote of enthusiasm which lasted throughout the meeting.

The members of the Wilmington Dental Society had an oyster roast on Wrightsville Sound to take the place of their November meeting. Dr. W. H. Young of Burgaw was a guest of the Society.

Dr. Sandy Marks has returned from Northwestern University where he took a two weeks post-graduate course.

If any of you are ever down around the inlet—drop in.

JUNIUS C. SMITH, *Editor*.

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*A Merry Christmas and best  
wishes for continued success  
and happiness*

May we express the hope that this Christmas Season be a most  
happy occasion for you and yours?

Let's all spread real cheer and good will and make this Yuletide  
the merriest of all.



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*Wishing you a Season of Christmas Happiness and  
Many Glad Days during the New Year*

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UNSCRUPULOUS PERSONS ARE QUICK TO TAKE ADVANTAGE  
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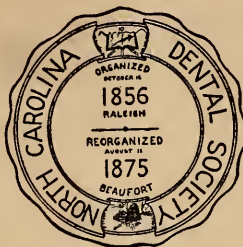
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THE  
BULLETIN

OF

The North Carolina  
Dental Society

COMPONENT OF THE AMERICAN DENTAL ASSOCIATION



OFFICIAL PROGRAM  
OF THE  
SIXTY-SIXTH ANNUAL MEETING  
AT THE  
CHARLOTTE HOTEL  
CHARLOTTE, NORTH CAROLINA  
MAY 6, 7, 8, 1940

Vol. 23

APRIL, 1940

No. 4

GREENSBORO, N. C.

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P A T R O N I Z E   O U R   A D V E R T I S E R S



To

DR. J. A. McCLUNG

*A man of unassuming manner; wise in council; a faithful, patient, and tireless worker who sees and reaches after perfection in his professional performances; is exceptionally gifted in digital skill; a clinician of rare ability; and one who holds his friends "with hooks of steel".*

# THE BULLETIN

....of....

## THE NORTH CAROLINA DENTAL SOCIETY

(Component of the American Dental Association)

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VOL. 23

APRIL, 1940

No. 4

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Entered as second-class matter as a quarterly, October 27, 1937, at the post office, Greensboro, N. C., under act of August 24, 1912. Office of Publication, 304-5 Dixie Building, Greensboro, N. C.

Subscription per year.....\$1.00

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---

This issue of the Bulletin besides going to our membership will be mailed to the membership of our neighbor states to our north and south—Virginia and South Carolina.

With this issue we would like to extend greetings to our neighbors and it goes without saying that a hearty welcome awaits them in Charlotte May 6-7-8 at the sixty-sixth annual session of the North Carolina Dental Society.

## THE CENTENARY CELEBRATION

It is not known exactly how many North Carolina Dentists attended the Centenary Celebration in Baltimore. It is believed that our state had a larger representation than any other state, in proportion to membership, with the exception of Maryland and the District of Columbia. Ask any of the men who attended this meeting and they will tell you that it was superb, inspirational and one most befitting the celebration of dentistry's first centennial.

No group could have possibly presented a more perfect celebration in which the scientific, social, historic and dramatic aspects of our profession was depicted.

To those attending this celebration it would seem that these reactions would be predominating: the vast improvements made in the profession in the last decade, a great admiration for the early pioneers in dentistry and a firm resolve to place a greater valuation on our profession.

Who of us has not at times been discouraged and felt that ours was a hard road? No doubt all of us have felt as Dr. Stafford did in the opening scene of "Wilderness". His office was modern, he had a good practice, yes, but it was such a grind. Then suddenly from nowhere appeared, as if from the spirit world, Dr. John Greenwood, who pulled back the curtain so that he might get an idea of some of the trials experienced by the early pioneers in dentistry. It was pointed out that the early dentists who graduated in many instances were chased out of the community by the barbers and blacksmiths. Every member of the dental profession would have been greatly benefited by seeing this grand dramatic performance.

The first 100 years of professional dentistry belongs to history and in celebrating this occasion may we face the future with a determination that upon the foundation builded by our predecessors that our profession will continue to go forward.

---

"Nothing would be done at all, if a man waited till he could do it so well that no one could find fault with it."

—John Henry Newman.

## **PRESIDENT'S MESSAGE**

One more year has passed and it is almost time for the sixty-sixth annual meeting of the North Carolina Dental Society, which will be held in Charlotte on May 6-7-8. The Officers and Committees are now completing details for this meeting, which we promise you will be just about the largest and best in the long history of our organization.

Last year, at Raleigh, our endeavors were gratified with a registration greater than that at any previous meeting. It is our hope that this year we may break that record. There is great satisfaction in the realization of a large meeting, but the size is not our first consideration. Fundamentally our ideas, from beginning to the present, have been to present a meeting of high standards, with teaching the primary object. This year is no exception to the past.

In preparation for this meeting, we have earnestly endeavored to please the great majority by arranging a diversified program of scientific papers and clinics, to bring to us the new thoughts and developments in the profession. Elsewhere in this issue of the Bulletin is, for your consideration, the program of the meeting. The sessions will be addressed by men of national reputation, chosen because of their outstanding contributions to the subjects with which they will deal. As you will see, the program is full, covering all phases of dentistry. It is our sincere desire that every member of our society will strive to be in attendance, and will be punctual in attending the sessions, as it will be most necessary that the program be run on time.

In addition to the arrangements for the more serious aspects of the program, entertainment will be provided for all, including the ladies, so bring them along. Everything has been planned to make every minute of the three days instructive, entertaining, and pleasant.

Since this issue of the Bulletin will go to all members of Organized Dentistry in Virginia and South Carolina, may I take this opportunity to extend them a most cordial invitation to attend our meeting.

Charlotte will open wide its doors to you and welcome you on this occasion.

FRANK O. ALFORD.



## ON TO CHARLOTTE

The 1940 meeting of the North Carolina Dental Society is just a few weeks away. It will be instructive and interesting to every member attending. There is no question about that point. The Program, Entertainment and Arrangements Committees have done themselves proud in preparing for one of the best meetings we have ever held. The Charlotte boys are ready for us, and, as you know, they always do things "to a turn". But while we think of the pleasure and instruction which we are sure to receive, let's think for a moment about those fellows who will not have that privilege. By that, I mean those men who are not members of the Society. All of us are, by nature, a little selfish. We think of ourselves first. But for the period between now and our state meeting, let's give some serious thought to the eligible non-members in our community and make a real effort toward getting them into the Society.

Last year we had around 570 members. We had the largest membership of any one of the eleven so-called Southeastern States. That is a record of which we should be proud. But we must not rest on our oars, feeling that our job is complete. There are around 800 white dentists in the state. Of the 230 non-members, there are approximately 125 men who are eligible and should be members of our Society. These figures are based on the information compiled by your Membership Committee during the past year. We should do something about these eligible men. Let's tell them a few of the reasons why they should not remain out of the Society.

Three-fourths of all the white dentists in the state belong to the Society. The same percentage holds for the American Dental Association, of which we are a component. It is the largest and most influential dental organization in the world. Without its influence, as the official representative of American dentistry, the profession could hardly go forward with satisfaction to itself or to the public which it serves. Year in and year out, it is constantly at work along many lines in promoting the interests of the dental profession. It is not necessary to enumerate all the different activities in which the American Dental Association is engaged and of which every member is a direct beneficiary. But this is not the only point we should emphasize. We should also stress the fact that we need the non-member as much as he needs us. We need his presence at our meetings, his contribution to the program, his personal support to our activities, his help in financing our budget, and his influence in the community in which he lives. These are a few of the reasons why we should invite him to join with 45,000 others of his co-workers in this country, in helping to solve some of the serious problems with which dentistry is confronted. If these problems are to be solved in the interest of all concerned, we will need the earnest co-operation of every member of the dental profession. Will you do your bit by inviting any eligible non-member within your acquaintance to join with us in helping to solve these problems? You and your profession will profit thereby.

C. M. PARKS, *Supervisor of Districts.*

## DENTISTRY'S SOCIAL RESPONSIBILITIES; HOW ARE THEY TO BE MET?

The thought probably uppermost in the mind of the dental profession at present is, How can the incidence of dental diseases be curtailed, and the service which it alone is able to give, be more widely distributed?

This is not a new thought. The profession has for years carried on (largely at its own expense) a program of research with a view to *reducing the need for dental treatment through prevention*, which is the only logical approach to the problem.

At the same time, it has conducted a country-wide program of education in the belief that *ignorance* as well as *indigence* is responsible for many of the dental ills complained of by those who undertake to speak for the 75% who are said to be in need of dental care. This would seem to be confirmed by the published statement that 35% of the public with incomes of one thousand dollars per year, or less, "own and drive an automobile". There can be little doubt in the minds of those familiar with the situation, that it is *ignorance* of the importance of dental care, quite as much as *inability* to pay, that explains the present widespread neglect. It has been shown that when such treatment can be had, almost for the asking, those for whom the service was intended did not avail themselves of it.

While continuing to give of its service to those unable to pay for them, the dental profession is of the opinion that one of its *first duties* is to *educate people* to the importance of dental care, (*especially preventive care*), in the belief that those able to provide for their own needs (which, doubtless, represent a considerable number) should be encouraged to do so. Some form of insurance or prepayment plan should be worked out to meet the needs of those in this group who may require such assistance. This should not be a difficult problem.

Further, the profession, as represented by the A. D. A., is on record as being prepared to cooperate in any governmental plan to provide dental care for the *indigent*, asking only that it be *consulted* in the formulation of such plans and that they be *fair* to all concerned. Its opposition to the Wagner Health Bill (as originally drawn) was due solely to the fact that it complies with neither of these conditions.

The care of the medical and dental *indigent* is largely a responsibility of the state. It is no more the duty of the medical and dental professions to provide medico-dental care for the indigent than for any other group of citizens. If they are to be cared for in these respects, it should be done at the expense of all the people, not by a small fraction of them. Likewise, it is *not* the responsibility of *either the state or the professions* to provide free medical or dental care for those of our citizens who can, and should, provide for their own needs. To do so tends to rob them of their self-reliance (if not their self-respect)

and encourages dependence on outside agencies. It is too often true that "the highest price you can pay for a thing is to ask for it". It is this aspect of the problem that is opposed to the health service professions, *not proper care of the indigent*, which is clearly a responsibility of the state—and one in which the dental professions (and I believe the medical profession, too) is prepared to cooperate to the fullest extent.

Is it unreasonable to believe that with a return to normal economic conditions (which we have a right to expect) plus the efforts being put forth by the dental profession in the fields of education, research and prevention, the problem is one that will, to a considerable extent, solve itself, except for the wholly indigent? These, as has been said, are the responsibility of the state. And if to their care were added cooperation in education and research, the dental health problem would largely solve itself.

The responsibility of the dental profession, therefore, would seem to be:

First: to seek, by every means at its disposal to limit the incidence of dental diseases by research.

Second: to continue in its efforts to educate the public to the importance of oral health and the ways and means by which it can be obtained.

Third: to cooperate with the government or any other responsible agency, in any reasonable effort that is made to provide dental care *for the indigent*.

Fourth: to oppose to the full extent of its resources every project to provide dental care for the public that is *not in the interest of all the people*.

ARTHUR H. MERRITT,  
*President, American Dental Association.*

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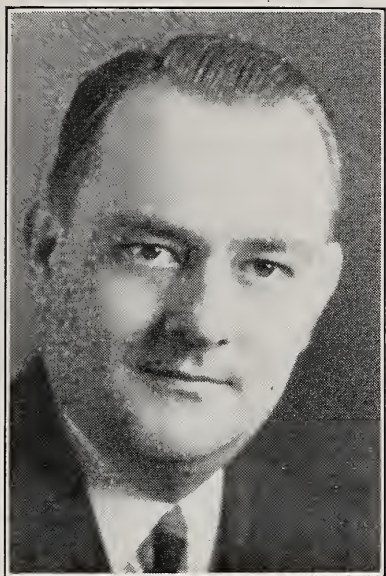
Lord Cornwallis nicknamed Charlotte the "Hornets' Nest" because of the courageous activities of the patriot troops.

\* \* \*

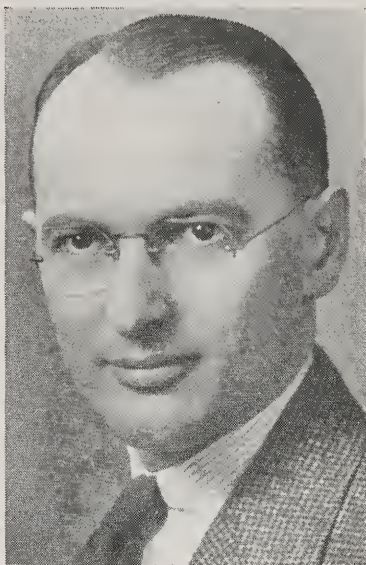
There are 72 Negro dentists in 31 counties in North Carolina.

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Charlotte, the Queen City, Extends a Hearty Welcome to You.



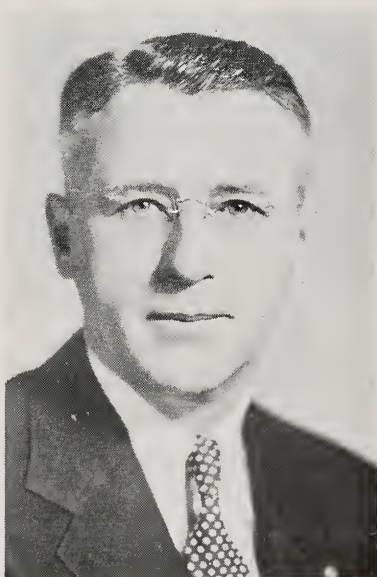
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## ANNOUNCEMENTS

The South Carolina Dental Association will hold its seventieth annual meeting in Spartanburg, S. C., May 20-22, 1940.

\* \* \*

The Virginia State Dental Association extends an invitation to the members of the North Carolina Dental Society to attend their annual meeting which will be held in Lynchburg, Va., May 13-14-15, 1940.

\* \* \*

The eighty-second annual session of the American Dental Association will be held in Cleveland, Ohio, September 9, 10, 11, 12, 13, 1940.

\* \* \*

The seventieth annual state meeting of New Jersey will be held at Asbury Park, May 8, 9, 10, 1940.

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### DR. RUDOLPH KRONFELD

Dr. Rudolf Kronfeld, President of the American Academy of Periodontology, passed away Tuesday, February 13th, in Chicago. His loss will be deeply felt by the members of the Academy as well as the entire dental profession.

Dr. Kronfeld is survived by his wife, Mrs. Margaret Kronfeld, 190 East Chestnut Street, Chicago, Illinois.

\* \* \*

### DR. OREN H. GAVER

Dr. Oren H. Gaver, Baltimore, Maryland, died March 29, 1940. Dr. Gaver was professor of Physiology and Physiological Chemistry at the Baltimore College of Dental Surgery.

\* \* \*

### DR. GEORGE B. WINTER

Dr. George B. Winter, St. Louis, Missouri, passed away on March 29, 1940. Dr. Winter was past President of the American Dental Association.

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Charlotte, the Queen City, Extends a Hearty Welcome to You.





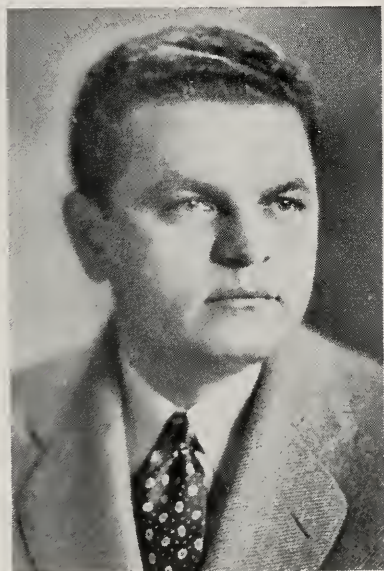
**DR. ROY LYMAN SEXTON**

Appears on program Tuesday, May 7, at 3:00 P. M. Subject: "Modern Concepts of Gastritis—Its Prevention and Treatment, With Emphasis on Its Relationship to Dentistry" (with slides).



**DR. E. V. MCCOLLUM**

Appears on the program Monday, May 6, at 2:00 P. M. Subject: "Modern Viewpoints in Nutrition."



**DR. S. S. ARNIM**

Appears on the program Monday, May 6, at 8:00 P. M. Subject: "The Utilization of Biologic Principles in the Practice of Operative Dentistry." Progressive Clinic Wednesday, 9:45 to 12:00 Noon.



**DR. HERBERT ELY WILLIAMS**

Appears on the program Monday, May 6, at 9:00 P. M. Subject: "The Philosophy of Whole Wheat Bread and Butter." Progressive Clinic Wednesday, 9:45 to 12:00 Noon.

## HISTORIC POINTS OF INTEREST

The town of Charlotte was incorporated in November, 1768, and the act was ratified on December 3, 1768. Lord Cornwallis, commander of the British army, called Charlotte "The Hornet's Nest," because of the activities of the patriot troops. Andrew Jackson, seventh president of the United States, was born near here, and James K. Polk, the eleventh president, was born just outside of Charlotte, at Pineville. The last meeting of the Confederate cabinet, presided over by Jefferson Davis, was held in Charlotte, on April 10, 1865.

In 1780, the court house at Charlotte was built in the center of the Square, at what is now the intersection of Tryon and Trade streets. An iron marker has been placed at this point.

LORD CORNWALLIS HEADQUARTERS—1780. Tablet N. E. corner Trade and Tryon streets.

COOK'S INN, 120 West Trade Street, tablet commemorating visit of George Washington in 1791.

CAPTAIN JAMES JACK MONUMENT, 211 West Trade Street, called the "Paul Revere of the South." Captain Jack rode on horseback to Philadelphia to carry the Mecklenburg Declaration of Independence to Continental Congress.

SHIPP MONUMENT, at rear of Post Office, symbolizes the military reinstatement of the Southern States. Lieutenant William Ewen Shipp was the first Southerner to be graduated from West Point after the conflict. He was killed in Cuba during the Battle of Santiago, July 2, 1898, and his body was later interred at Lincolnton.

HOME OF MRS. ANNA JACKSON, widow of General "Stonewall" Jackson, 116 South Graham Street. The house was moved from its original site, which is now occupied by the Stonewall Hotel at 535 West Trade Street. During the War Between the States Mrs. Jackson's Virginia home was in hotly disputed territory and for safety she journeyed to Charlotte to be with relatives. Here her only child, Julia, was born.

DRINKING FOUNTAIN, East Trade at fork of East and Elizabeth Avenues, marks the site of the battle of Charlotte, September 26, 1780.

PHIFER HOME, 722 North Tryon Street. In an upstairs bedroom was held the last full meeting of the Confederate cabinet, due to the illness of Secretary of the Treasury Trenholm, a guest of William Phifer. The meeting was called and met at what is now 122 South Tryon Street, but because of the importance of the discussion concerning the advisability of the surrender of General Joseph Johnson to General Sherman, the meeting adjourned to the Phifer home (marker at 122 South Tryon. See above).

BIRTHPLACE OF PRESIDENT JAMES K. POLK, twelve miles, Pineville Road.

CAMP GREEN MONUMENT, four miles, U. S. 74, 29.

MCINTYRE FARM (Battle of the Bees), five miles, Beatty's Ford Road.

STEELE CREEK CHURCH (1760), six miles, Steele Creek Road.

OLD HOPEWELL CHURCH (1762), ten miles, Beatty's Ford Road.

SUGAW CREEK CROSSROADS (Battle of 1780), three miles, U. S. 29.

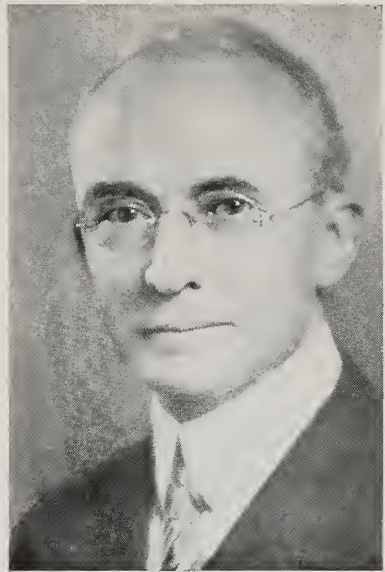
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The 1930 population (U. S. Census) gave Charlotte a total of 82,675. At present it is estimated that Charlotte has a population of 108,000.



**DR. WALTER H. WRIGHT**

Appears on the program Monday, May 6, at 11:00 A. M. Subject: "Acrylic Resins in Relation to Prosthetic Oral Health Service." Progressive Clinic Wednesday, 9:45 to 12:00 Noon.



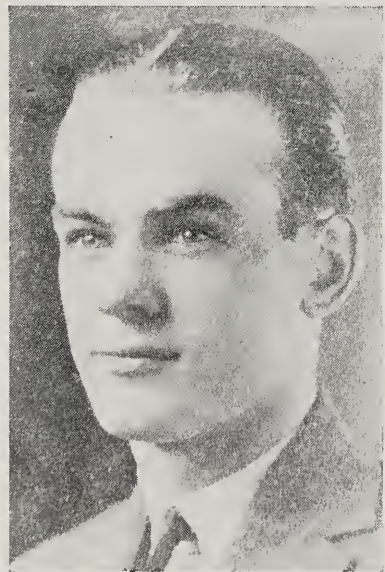
**DR. ARTHUR H. MERRITT**

Appears on the program Tuesday, May 7, at 4:00 P. M. Subject: "Activities of the American Dental Association."



**DR. DANIEL F. LYNCH**

Appears on the program Tuesday, May 7, at 2:00 P. M. Subject: "Relationship of Oral Diseases to Gastrointestinal Dysfunction."



**DR. WALTER T. MCFALL**

Appears on the program Tuesday, May 7, at 12:00 Noon. Subject: "Assisting the General Practitioner in Restorative Dentistry."



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# THE AMERICAN DENTAL ASSOCIATION

Will hold its 82nd Annual Session

September 9 to 13, 1940

Cleveland, Ohio

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CENTENNIAL OF AMERICAN DENTISTRY

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Organized in The Interest of Public Health  
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FIRST COLLEGE OF DENTAL SURGERY,  
BALTIMORE, MARYLAND, WHICH DOCTORS  
HORACE WATSON AND CHARLES HARRIS  
FOUNDED IN 1840

82<sup>nd</sup> ANNUAL SESSION  
SEPT. 9 TO 13, 1940

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6 P.M.

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PUBLIC



## N. C. MEN APPEAR ON PROGRAMS OF OTHER STATES

As guest speaker for the Department of Public Health and Preventive Medicine of the University of Pennsylvania and the Philadelphia County Dental Society, Dr. Ernest A. Branch, director of the Oral Hygiene Division of the North Carolina State Board of Health, will, on March 25, explain this State's dental program, in the role of a seminar speaker in Philadelphia.

Dr. Branch will speak at the University of Pennsylvania, where a series of addresses has been arranged "to promote a better understanding by the dental profession of present trends in public health practice, with a view to the betterment of preventive and curative dental service for larger groups of our population."

—*Associated Press.*

During the week of April 8 to 13 a series of six meetings devoted to Children's Dentistry will be held in Nebraska.

Dr. Walter T. McFall of Asheville, N. C., will be the Clinician, which assures instructive and interesting meetings.

The meetings are being sponsored by the State Department of Health with the cooperation of the Nebraska State Dental Association.

The locations of the meetings will be announced later.

—*Nebraska State Dental Journal.*

Lt. Colonel William D. Lanier, Dental Corps of the United States Army, stationed at the Veterans Hospital, Oteen, N. C., will appear on the program of the Alabama State Dental Association, Wednesday, April 10, 1940. His subject will be: "The Use of Sulfanilamide in Dentistry."

He will relate the results of a three-year study of this drug, including laboratory findings, case histories, and a comparison of the internal and local use of this drug. Col. Lanier has done some wonderful original work on the local use of sulfanilamide.

—*Bulletin, Alabama State Dental Association.*

Dr. J. A. Sinclair, Asheville, N. C., who is very prominently connected with the profession in North Carolina, will appear on the program of the Alabama State Dental Association April 10, 1940. Dr. Sinclair was the first man to use sulfanilamide locally and has published several papers on its use.

He will discuss Col. Lanier's paper and bring out a number of interesting points about the work they have done together on this wonderful drug. No dentist who even pretends to stay abreast of the times can afford to miss this "doubleheader" on Wednesday night.

—*Bulletin, Alabama State Dental Association.*

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## FLASH

A last minute announcement from the Dental Centenary Committee on Registration advises that 130 North Carolina dentists registered in Baltimore for the Centennial celebration March 18-20. Lack of space prevents the printing of names of members attending—attendance was approximately 25 per cent of membership.



DR. ROBERT L. SPRAU

Appears on the program Monday, May 6, at 3:00 P. M. Subject: "Economics."



DR. OLIN KIRKLAND

Appears on the program Monday, May 6, at 4:00 P. M. Subject: "Improved Technique in Periodontal Surgery."

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### Greetings:

The South Carolina Dental Association extends an invitation to her sister state to attend the seventieth annual meeting in Spartanburg, S. C., May 20-22. We feel very close to you, and cordial exchange of experiences, needs and viewpoints of society might be discussed, which will be of real value to all our members in keeping pace with the education and developments in the profession.

We appreciate your giving us space in your Bulletin for this brief message, and I am sure that there will be a goodly number of us that will accept your invitation to Charlotte.

We have the largest membership in the history of the Association, and have arranged what we think will be a very interesting program, with outstanding men in their respective field. There is plenty of room and the meeting is not very far from you, so come on to Spartanburg, as we want you.

C. MACK SANDERS, *President,*  
*South Carolina Dental Association.*

## WE SALUTE THE LADIES

This is a most opportune time to do honor to the women members of the North Carolina Dental Society. There is a high percentage of attendance of these members at the local, district and state meetings. There is no group that deserves higher praise for contribution to health and general welfare to their respective communities than this fine group of professional women.

We note that the first and second districts claim all the women members of the state society. The geographical choice seems to be the piedmont and mountain areas of North Carolina.

Dr. Daisy McGuire and her two daughters, Drs. Noracella and Patsey, hail from Sylva. Incidentally, Dr. Daisy McGuire was the first woman to secure a dental license in the state. Her husband is a dentist and so is the husband of Dr. Patsey McGuire. The third daughter of the McGuires is attending a dental school, thus making this family 100% affiliated with the profession.

Dr. Lois Taylor chose the "Queen City" Charlotte for her professional career where she is engaged in the general practice of dentistry. Former patients of Dr. Taylor are high in praise for the efficient service rendered them.

Dr. Jessie Zachary Moreland began the practice of dentistry in Raleigh, N. C., but after a few years she heeded the call of the "Land of the Sky" and is now located in Highlands. Dr. Moreland was for several years Librarian of the State Society. She is a sister of Dr. Daisy McGuire.

Dr. Carolyn Taylor is comparatively a newcomer to the profession. She is single and shares this distinction with her sister practitioner, Dr. Noracella McGuire (a tip to the bachelor dentists). Both Drs. Taylor and McGuire are making a name for themselves in their home towns of North Wilkesboro and Sylva.

Dr. Eva Carter Nissen is a native of Yadkin County and has offices in Winston-Salem. Dr. Nissen has had a leaning towards children's dentistry and at the present time is devoting most of her time to orthodontia.

Dr. I. M. Waynick shares a busy practice with her husband, Dr. G. E. Waynick, of Winston-Salem. The Dentists of the "Twin City" bear witness to the fact that both Drs. Waynick and Eva Carter Nissen are worthy constituents of the profession in their city.

Dr. Rosebud Morse Garriott is successfully engaged in the practice of her profession in East Bend. The citizens of her community have become very dependent on her for their dental needs. Dr. Garriott and Dr. I. M. Waynick are sisters.

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Charlotte, the Queen City, Extends a Hearty Welcome to You.





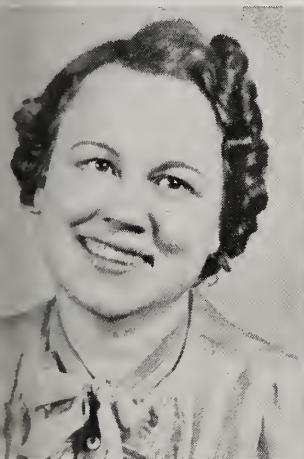
Dr. Noracella E. McGuire



Dr. Daisy McGuire



Dr. Rosebud Morse Garrioff



Dr. Jessie Moreland



Dr. Patsy McGuire



Dr. Carolyn Taylor



Dr. Eva Carter Nissen



Dr. Lois Taylor



Dr. I. M. Waynick

## COMMITTEES, 1939-1940

## EXECUTIVE COMMITTEE

D. L. Pridgen, 1940, *Chairman*  
 O. L. Presnell, 1941                      A. S. Bumgardner, 1942

## PROGRAM-CLINIC COMMITTEE

Paul Fitzgerald, *Chairman*  
 J. H. Guion                      C. C. Poindexter  
 A. T. Jennette                      H. O. Lineberger

## ETHICS COMMITTEE

G. Fred Hale, *Chairman*  
 O. C. Barker                      W. L. McRae  
 R. B. Harrill                      Z. L. Edwards

## LEGISLATIVE COMMITTEE

R. M. Olive, 1940                      J. N. Johnson, 1942  
 E. B. Howle, 1941                      W. K. Chapman, 1943  
    C. C. Poindexter, 1944

## ORAL HYGIENE COMMITTEE

E. A. Branch, *Chairman*  
 C. S. McCall                      W. R. McKaughan  
 Guy Mastin                      C. E. Abernethy  
    Junius C. Smith

## DENTAL COLLEGE COMMITTEE

Wilbert Jackson, *Chairman*  
 J. F. Reece                      J. P. Jones  
 J. N. Johnson                      R. M. Olive

## MEMBERSHIP COMMITTEE

C. M. Parks, *Chairman*  
 W. M. Matheson                      A. W. Craver  
 Carl A. Barkley                      J. W. Whitehead  
    H. E. Nixon

## EXHIBIT COMMITTEE

Paul Fitzgerald, *Chairman*  
 S. P. Gay                      Cecil Crank  
 J. F. Hartness                      Everett L. Smith  
    Darden J. Eure

## CLINIC BOARD OF CENSORS

A. T. Jennette, *Chairman*  
 A. P. Cline                      H. V. Murray  
 Vernon Cox                      S. Robert Horton  
    R. F. Hunt

## EXTENSION COURSE COMMITTEE

D. L. Pridgen, *Chairman*  
 N. P. Maddux                      H. C. Carr  
 J. H. Nicholson                      A. S. Cromartie  
    J. O. Broughton

## LIBRARY AND HISTORICAL COMMISSION

J. Martin Fleming, *Chairman*  
 J. S. Betts                      W. T. Martin, *Secretary*  
 J. H. Wheeler                      W. T. Smith  
 J. S. Spurgeon                      Royster Chamblee



RESOLUTIONS COMMITTEE

C. E. Minges, *Chairman*

J. F. Campbell  
Harry Keel  
E. M. Medlin  
C. W. Sanders  
M. B. Massey

STATE INSTITUTIONS COMMITTEE

W. W. Rankin, *Chairman*

R. D. Coffey  
S. E. Moser  
Coyte Minges  
C. H. Wadsworth  
E. M. Medlin  
J. G. Poole  
G. L. Overman

MILITARY COMMITTEE

A. P. Cline, *Chairman*

J. M. Holland  
C. B. Younts  
Everett Teague  
J. P. Reece  
A. M. Schultz

INSURANCE COMMITTEE

F. L. Hunt, *Chairman*

H. C. Dixon  
J. A. McClung  
Neal Sheffield  
G. L. Hooper  
J. E. L. Thomas

NECROLOGY COMMITTEE

W. K. Chapman, *Chairman*

R. C. Weaver  
G. A. Lazenby  
L. G. Coble  
J. H. Judd  
Oscar Hooks

SOCIO-ECONOMICS COMMITTEE

Paul E. Jones, *Chairman*

A. C. Current  
Ralph Jarrett  
L. M. Edwards  
I. H. Hoyle  
Z. L. Edwards

COMMERCIAL RELATIONS COMMITTEE

E. B. Howle, *Chairman*

I. R. Self  
John Ashby  
C. A. Graham  
Sam Bobbitt  
J. G. Poole

PUBLICATIONS COMMITTEE

H. O. Lineberger, *Chairman*

D. W. Holcomb  
W. F. Clayton  
G. Fred Hale  
L. J. Meredith

COMMUNICABLE DISEASES

O. R. Hodgin, *Chairman*

J. A. Sinclair  
Theodore Atwood  
A. L. Wooten  
E. A. Branch  
C. E. Minges

COMMITTEE ON ENTERTAINMENT OF OUT-OF-STATE VISITORS

Olin Owen, *Chairman*

C. E. Minges  
Harry Keel  
H. O. Lineberger  
C. A. Graham  
R. M. Olive  
D. B. Mizell  
T. E. Sikes

## PUBLICITY COMMITTEE

Burke Fox, *Chairman*

Walter Clark

D. T. Carr

R. Phillip Melvin

Victor Bell

Alex Stanford

James H. Smith

## GENERAL ARRANGEMENTS COMMITTEE

John Pharr, *Chairman*

A. S. Bumgardner

L. O. Herring

C. F. Taylor

Ralph Schmucker

T. P. Williamson

## ENTERTAINMENT COMMITTEE

J. Donald Kiser, *Chairman*

B. N. Walker

D. B. Mizell

J. R. Bell

Grady Ross

Dale Arthur

## GOLF COMMITTEE

Ralph Jarrett, *Chairman*

R. R. Howes

L. M. Daniels

R. E. Spoon

J. W. Branham

H. K. Thompson

## SUPERINTENDENTS OF CLINICS COMMITTEE

L. F. Bumgardner, *Chairman*

David Abernethy

W. R. Hinton

Moultrie H. Truluck

K. L. Johnson

Sandy Marks

## A.D.A. RELIEF COMMITTEE

J. C. Watkins, *Chairman*

Dennis Cook

C. I. Miller

W. C. Taylor

A. H. Fleming

J. F. Duke

## RED CROSS DISASTER RELIEF COMMITTEE

C. M. Parks, *Chairman*

W. M. Matheson

A. W. Craver

C. A. Barkley

J. W. Whitehead

H. E. Nixon

## NOMINATING COMMITTEE

*First District*

J. A. Sinclair Asheville

A. C. Current, Gastonia

*Second District*

Jno. A. McClung Winston-Salem

J. P. Bingham, Lexington

*Third District*

W. R. McKaughan, High Point

A. W. Craver, Greensboro

*Fourth District*

D. L. Pridgen, Fayetteville

C. W. Sanders, Benson

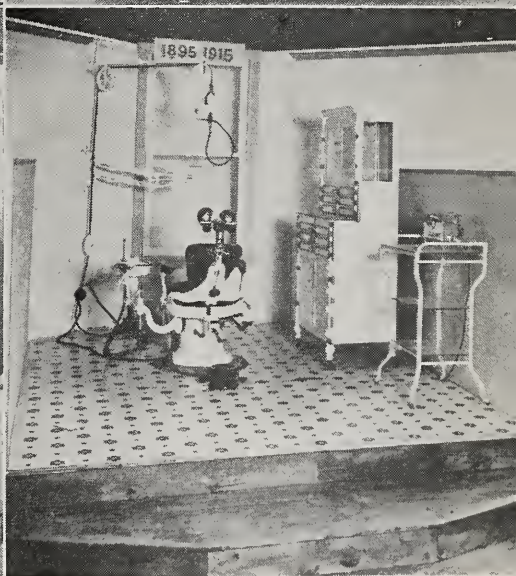
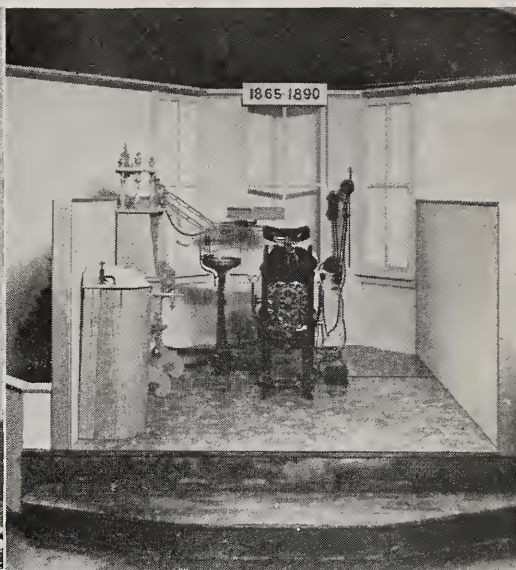
*Fifth District*

Z. L. Edwards, Washington

Paul E. Jones, Farmville

G. Fred Hale, Raleigh\*

\* Appointed by the President.



The above pictures are of four scenes of the historical exhibits of the Dental Centenary Celebration in Baltimore, Md., March 18, 19, 20. The left upper picture is of the model (one-third scale) of the original building of the Baltimore School of Dental Surgery. This structure formed the center part, around which the vast number of historical exhibits were placed. The remaining pictures show exhibits of some of the early offices and their evolution.

## **GENERAL INFORMATION**

### **REGISTRATION**

The Registration Desks will be in the lobby of the Charlotte Hotel and will be open from Monday morning at 8:00 o'clock until Wednesday morning at 11:00 o'clock.

Register with your District Secretary and secure your badge. Those without badges will not be permitted to participate in the meetings, nor will they be allowed to vote in the election of officers. Also secure your card at the time of registration for the Progressive Clinics to be held Wednesday morning. Admission to these clinics will be by cards only.

Banquet tickets will be for sale at the Registration Desk. The price of the tickets is \$1.50 each. Please buy your ticket at the time of registration, so that the hotel will know how many plates to prepare.

### **MEETINGS**

As will be noticed, our program is full. In order to keep from running behind, we will be compelled to begin on time. Please lend your cooperation by being in the meeting rooms on time. It is our hope this year to begin all meetings on time. All General Sessions and lectures will be held in the Ball Room and meetings of the House of Delegates will be held in the Ball Room and Parlors 1-2-3. All Table Clinics will be held in the Dining Room. Progressive Clinics will be held in the Dining Room, Back Mezzanine and Parlors 1-2-3.

### **THE BANQUET**

The Banquet will be held on Tuesday evening, at 6:30 o'clock in the Dining Room. This is a spacious room and will easily accommodate six hundred. Admission will be by tickets only, so get your ticket at the time of registration. Short talks will be made and interesting entertainment has been arranged for this feature of the meeting, which is a part you should not miss.

### **BULLETIN LUNCHEON**

A meeting for the members connected with the publishing of the Bulletin has been arranged for Monday, May 6th, at 1:00 o'clock, in the form of a luncheon, in the Chinese Room on the mezzanine floor. The President, the Secretary and the Editor of each District Society, the Editor and the Assistant Editor of the Bulletin and the members of the Publication Committee are urged to attend this conference. Dr. Neal Sheffield, Editor of the Bulletin, will preside.

### **OFFICERS' CONFERENCE**

As has been a custom for several years, at 8:00 o'clock Tuesday morning, all officers of the State and District Societies will meet for a breakfast in Parlor 3 on the mezzanine floor. In order to start our meeting on time, this conference will have to begin promptly at 8:00 o'clock, so please do not be late for this meeting. Dr. C. M. Parks will preside.



### **PAST PRESIDENTS' BREAKFAST**

Past Presidents' Breakfast will be held Tuesday morning at 8:00 o'clock in Parlor 1 on the mezzanine floor. Dr. G. Fred Hale, Immediate Past President, will preside.

### **NEW MEMBERS' BREAKFAST**

The New Members' Breakfast will be held on Tuesday morning at 8:00 o'clock, in the Chinese Room, on the mezzanine floor. Dr. H. Royster Chamblee, Vice-President, will preside.

### **DANCE**

A gala event has been planned for your pleasure in the Ball Room, at 10:00 o'clock Tuesday night. Music, dance and entertainment. Do not miss this.

### **ENTERTAINMENT**

Charlotte and your Entertainment Committee extend a cordial invitation to attend your State Dental Society meeting. We have planned a banquet and dance which will be entertaining to everyone. We promise, not a long after-dinner speaker, but, instead, the Rolling Rhythm of Jack Wardlaw's famous orchestra and floor show. Listed on the program for the floor show following the banquet are Buddy Dunn, inimitable impersonator; Joan Lee, the voice of ecstasy; Jerry Allen, the romantic baritone, and Rasputin, the mad drummer. This floor show will be conducted by Jack Wardlaw, in person. We are sure that we have a treat in store for you. The dance which follows will be one long to be remembered, culminating in melodies of soft, soothing waltzes. Come prepared for a good time.

### **GOLF**

The Golf Tournament will be held at the Myers Park Country Club on Monday, May 6th.

Sunday you may play a qualifying round to establish your idea of a good golf course.

Instructions as to how to reach the Club may be obtained at Hotel Charlotte lobby from one of our Committeemen.

Due to crowded locker room space we advise dressing at the hotel. Your clubs may be left at Caddy House, if you so desire.

Contact the Golf Committee on arrival and be assured your demands will be met.

We hope to have a few nice prizes for you this year, so brush up on your golf and take one home with you.

No fake handicaps allowed. no teeing up in fairways permitted, and we request all strokes be counted.

For further information concerning the Tournament, write to Dr. Ralph F. Jarrett, Charlotte, N. C.



### TABLE CLINICS

Table Clinics will be held Tuesday morning from 9:00 o'clock to 12:00, in the Dining Room. Admission to these clinics will be given only to those with badges.

### LADIES' PROGRAM

The Ladies' Entertainment Committee extends to the visiting ladies of the Dental Association a hearty welcome. The following program has been arranged which, we hope, will add to your enjoyment and pleasure during your stay in Charlotte.

#### MONDAY, MAY 6TH

Monday and Tuesday morning reserved for shopping and sightseeing.  
2:00 P. M. Drive through the city followed by tea at the home of Dr. and Mrs. P. C. Hull, 1010 Queens Rd.

#### TUESDAY, MAY 7TH

1:00 P. M. Luncheon followed by bridge and other games at the home of Dr. and Mrs. Wallace C. Gibbs, Providence Rd.  
6:30 P. M. Banquet and Dance.

All ladies are kindly requested to register as soon as possible Monday morning so that the proper number of reservations can be made.

A committee will look after those desiring to play golf. Bring your clubs.

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### HOTELS AND RATES

#### HOTEL CHARLOTTE

Single: with bath: \$3.50, \$4.00, \$5.00

Double: with bath: \$5.50, \$6.00, \$7.00

#### MECKLENBURG HOTEL, 512 W. TRADE ST.

Single: with bath: \$2.00, \$2.50, \$3.00

Double: with bath: \$3.00, \$3.50, \$4.00

#### STONEWALL HOTEL, 535 W. TRADE ST.

Single: without bath: \$1.25, \$1.50

Double: without bath: \$2.00

Single: with bath: \$1.75, \$2.00

Double: with bath: \$2.50, \$3.00

#### MAYFAIR HOTEL, 237 N. TRYON ST.

Single: connecting bath: \$2.00, \$2.25

Single: with bath: \$2.50, \$3.00

Double: connecting bath: \$2.75, \$3.25

Double: private bath: \$3.25, \$3.50, \$4.00, \$4.50

The members of the  
North Carolina Dental Society  
extend a cordial Invitation  
to the members of the  
Virginia and South Carolina  
Dental Associations  
to attend their  
Sixty-Sixth Annual Meeting  
Charlotte, North Carolina  
May 6, 7, 8, 1940

**THE PROGRAM AT A GLANCE****MONDAY, MAY 6, 1940**

MORNING	AFTERNOON	EVENING
8:00 Registration	1:00 Bulletin Luncheon	8:00 Dr. S. S. Arnim
9:30 Opening Session	2:00 Dr. E. V. McCollum	9:00 Dr. Herbert Ely Wil-
11:00 Dr. Walter H. Wright	3:00 Dr. Robert L. Sprau	liams
12:00 Report of Delegates to A. D. A.	4:00 Dr. Olin Kirkland	
12:15 Dr. J. Martin Fleming	5:00 House of Delegates	

**TUESDAY, MAY 7, 1940**

MORNING	AFTERNOON	EVENING
8:00 Breakfast Past Presidents New Members District Officers	2:00 Dr. Daniel F. Lynch	6:30 Annual Banquet
9:00 General Table Clinics	3:00 Dr. Roy Lyman Sex-	8:00 General Session
12:00 Dr. W. T. McFall	4:00 Dr. Arthur H. Merritt	9:00 House of Delegates
		10:00 Dance

**WEDNESDAY, MAY 8, 1940**

MORNING		
9:00 Moving Pictures		
9:45 Progressive Clinics Dr. Herbert Ely Wil-		
liams Dr. S. S. Arnim Dr. W. H. Wright		
12:00 House of Delegates General Session Installation of Officers Adjournment		

## PROGRAM

### NORTH CAROLINA DENTAL SOCIETY

CHARLOTTE HOTEL

CHARLOTTE, N. C.

May 6-7-8, 1940

#### MONDAY MORNING, MAY 6th

**8:00 a.m.** Registration (Lobby) Charlotte Hotel

**9:30 a.m.** Opening Session (Ball Room)

Invocation—

C. W. Durden, D.D.

St. John's Baptist Church, Charlotte, N. C.

Address of Welcome—

Hon. Clarence O. Keuster,

Executive Manager, Chamber of Commerce, Charlotte, N. C.

Response to Address of Welcome—

Z. L. Edwards, D.D.S., Washington, N. C.

President's Address—

Frank O. Alford, D.D.S., Charlotte, N. C.

Report of Necrology Committee—

W. K. Chapman, D.D.S., Sylva, N. C.

Introduction of Visitors

**11:00 a.m.** Lecture—"Acrylic Resins in Relation to Prosthetic Oral Health Service"

By Walter H. Wright, D.D.S., Ph.D., F.A.C.D., University of Pittsburgh, Pittsburgh, Pennsylvania, Associate Professor of Prosthetic Dentistry, School of Dentistry, University of Pittsburgh, Professor of Anatomy, University of Pittsburgh; Past President of the National Denture Prosthetics; Editor Prosthetic Section—Year Book of Dentistry; Author of many papers and essays on Prosthesis and Teaching.

SYNOPSIS: Dr. Wright will discuss the requirements of denture base materials, the relation between the dentist and the manufacturer, the physical properties and the clinical uses of acrylic resins in complete, partial and immediate dentures, splints and obturators.

**12:00 a.m.** Report of Delegates to A. D. A. Meeting

C. E. Minges, D.D.S., Rocky Mount, N. C.

**12:15 p.m.** Report of the Library and Historical Commission

J. Martin Fleming, D.D.S., Raleigh, N. C.

**1:00 p.m.** Lunch**1:00 p.m.** Bulletin Luncheon (Chinese Room—Mezzanine Floor)

This luncheon is for a meeting of those connected with the publication of the Bulletin. The President, the Secretary and the Editor of each District Society, the Editor and Associate Editor of the Bulletin, and the three members of the Publications Committee are urged to be present. Neal Sheffield, D.D.S., Greensboro, N. C., Editor, presiding.

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**MONDAY AFTERNOON, MAY 6th****2:00 p.m.** Lecture—"Modern Viewpoints in Nutrition"

By E. V. McCollum, B.A., M.A., Ph.D., Baltimore, Maryland, Instructor, Assistant Professor, Associate Professor and Professor of Agricultural Chemistry, University of Wisconsin, 1906-17; Professor of Biochemistry, School of Hygiene and Public Health, the Johns Hopkins University since 1917, Member American Association for the Advancement of Science, American Society of Biological Chemists, American Chemical Society, Royal Academy of Medicine of Belgium, International Association of Dental Research, New York Academy of Dentistry and many other American and Foreign Societies; In December 1938 he was made Chairman of the Nutrition Committee of the Pan American Sanitary Bureau, Associated with the work of Health Section of the League of Nations since 1931, and has made five journeys to London and Geneva in this connection. In 1936 he made an extensive tour of the Soviet Union as a guest of the Government, in company with a group of public health experts from fourteen countries. In the fall of 1938 he attended the Tenth Pan American Sanitary Conference, Bogota, Colombia, S. A., as a representative of the United States Government; Author of many text books on Organic Chemistry, Nutrition and Diet.

**SYNOPSIS:** The nature and number of essential nutrients in the adequate diet. The physiological response of the body to deficiency states of dietary origin. Evidences of malnutrition in several areas of the United States. Nutrition in relation to health. The place of the dentist in the national nutrition program. Appraisal of the problem of the sale of vitamin preparations. Appraisal of the problem of the fortification of food-stuffs with vitamins and minerals. The diet in relation to dental disease.

**3:00 p.m.** Lecture—"Economics"

By Robert L. Sprau, D.D.S., F.A.C.D., Louisville, Kentucky, Past President Louisville District Dental Association; Kentucky State Dental Association, N.A.D.E., Former Member and Secretary Kentucky State Board of Dental Examiners; Instructor at University of Louisville Dental School.



**4:00 p.m.** Lecture—"Improved Technique in Periodontal Surgery"

By Olin Kirkland, D.D.S., Montgomery, Alabama, Trustee of American Dental Association, Past Vice-President of A.D.A., Past President of Alabama Dental Association, Past President of American Academy of Periodontology, Fellow of International College of Dentists.

SYNOPSIS: A method of eradicating periodontal infections by radical surgery without materially changing the appearance of the gingival relationship of the mouth.

**5:00 p.m.** Meeting of House of Delegates (Ball Room)

Business Session

Committee Reports

**6:30 p.m.** Dinner

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**MONDAY EVENING, MAY 6th**

**8:00 p.m.** Lecture—"The Utilization of Biologic Principles in the Practice of Operative Dentistry"

By S. S. Arnim, B.A., D.D.S., Ph.D., Richmond Virginia, B.A., Rice Institute, 1926; D.D.S., Northwestern University, 1930; Ph.D., Yale University, School of Medicine, 1935; General practitioner of Dentistry, 1934-37; Acting Head Department Operative Dentistry, Assistant Professor Operative Dentistry, Illinois University Dental School, 1937-1939; Assistant Professor of Operative Dentistry, Medical College of Virginia, 1939.

SYNOPSIS: A method will be presented that provides the practicing dentist with an analytic and systematic means of determining cavity outlines for unusual as well as ideal cavity preparations. This method incorporates all the accepted operative procedures in a flexible form designed to satisfy biologic and physical requirements that are not readily susceptible to standardization. The dento-enamel junction will be introduced in the new role of base line for all cavity preparations. Intelligent application of this method will lead to operative restorations that more adequately fulfill the needs of the individual patient with a minimum expenditure of time and effort on the part of the practitioner.

**9:00 p.m.** Lecture—"The Philosophy of Whole Wheat Bread and Butter"

By Herbert Ely Williams, D.D.S., Red Bank, New Jersey. University of Pennsylvania, D.D.S., 1897.

SYNOPSIS: Dr. Williams believes that the simplicities of boyhood days qualify him to speak of life's little things. He inspires others to do what they are already doing, better and more profitably, and encourages those not doing quite as well as the other fellow, to earn an extra honest dollar or two, now and then—or oftener. So the practical and informal overrides the technical and scientific throughout. He deals in a homemade philosophy which appeals to everyone.

**TUESDAY MORNING, MAY 7th****8:00 a.m. Past Presidents' Breakfast (Parlor 1—Mezzanine Floor)**

This has been an annual feature of our meetings and all Ex-Presidents of the North Carolina Dental Society are requested to be present.

Toastmaster—G. Fred Hale, D.D.S., Immediate Past President, Raleigh, North Carolina

**8:00 a.m. New Members' Breakfast (Chinese Room — Mezzanine Floor)**

This is a new feature instituted for the mutual exchange of ideas among those who have just entered the profession.

Presiding—H. Royster Chamblee, D.D.S., Vice-President, Raleigh, N. C.

**8:00 a.m. District Officers' Breakfast (Parlor 3—Mezzanine Floor)**

At this breakfast the District Societies' Officers will discuss problems which may be of mutual benefit to all Districts, as well as the North Carolina Dental Society. All officers are requested to attend and formulate plans for the next year's work.

Presiding—C. M. Parks, D.D.S., Winston-Salem, N. C., President-Elect, North Carolina Dental Society.

**9:00 a.m. GENERAL TABLE CLINICS (Dining Room)****"Differential Diagnosis in Periodontia Using Staining Solution"**

W. D. Gibbs, D.D.S., Charlotte, N. C.

\* \* \*

**"New Types of Metal Fracture Splints, Minimizing Trauma"**

R. M. Olive, D.D.S., Fayetteville, N. C.

SYNOPSIS: Fixed-Removable splints cast of silver, which allows the patient to have free movement of mandible. Splints made of stainless steel wire, soldered joints. This method prevents wire splints from irritating gums. New adjustable apparatus for plaster of Paris head cap for fractured maxilla.

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**"Visualizing Children's Dentistry"**

L. D. Arthur, D.D.S., Charlotte, N. C.

SYNOPSIS: The purpose of the clinic is to demonstrate to the parents by models the hazards of children's dentistry.

\* \* \*

**"Amalgam Restorations"**

Z. Vance Kendrick, Jr., D.D.S., Charlotte, N. C.

SYNOPSIS: A simple and effective technic for obtaining tight proximal contact and eliminating overhanging margins in class two Amalgam restorations.

**"Impression Compound Matrices for Filling Porcelain"**  
L. J. Dupree, D.D.S., Kinston, N. C.

SYNOPSIS: Technique of impression compound used as matrices in application of synthetic porcelain fillings for gingival cavities, fronts in veneer crowns. replacing broken facings and any condition that is difficult to use celluloid strips as a matrix. This method will establish desired contours, minimize polishing and finishing of restoration, etc.

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**"Amalgam"**  
Rufus S Jones, D.D.S., Warrenton, N. C.

SYNOPSIS: Manipulatory factors in amalgam technic. The effect of each of these factors on the finished products.

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**"Vincent's Infection"**  
D. B. Mizell, D.D.S., Charlotte, N. C.

SYNOPSIS: Several new medicinal agents, their method of application, that have proven very effective, especially in chronic cases.

\* \* \*

**"Gas Anaesthesia for Oral Surgery"**  
Carey Teague Wells, D.D.S., Canton, N. C.

SYNOPSIS: The following will be discussed and demonstrated. Preliminary examination, observation, and medication. Establishing and maintaining narcosis. Properly lacing of mouth gags, props, and throat packs. Resuscitation and readiness to employ it. Interpretation of cyanosis, jaw-titulation, and respiratory pauses. The quality of respiration such as volume, depth, and duration. Patient's position to prevent slumping or sliding down in the chair during operative procedure. How to determine the proper stage or plane in which to begin surgery. The importance of keeping the air way open and unobstructed will be stressed. The various stages of anaesthesia will be demonstrated by a motion picture.

\* \* \*

**"A New Design for a Bridgetooth and Its Practical Application Using Stock Tube Teeth"**  
Alfred Chamberlain, D.D.S., North Wilkesboro, N. C.

\* \* \*

**"Method of Determining Length of Needle for Injection"**  
E. G. Click, D.D.S., Elkin, N. C.

\* \* \*

**"Adjustable Compound Full Denture Impression"**  
Thomas M. Hunter, D.D.S., Henderson, N. C.

SYNOPSIS: Models and Impressions demonstrating the technique and procedure of securing full upper and lower compound muscle trimmed impressions for complete dentures. Construction of a metal tray to obtain difficult impressions with stability.

\* \* \*

**"Low Fusing Porcelain and Some of its uses in Dentistry in both Jacket and Inlays, also the use of Petralite as a die for Jackets and Inlays"**  
J. R. Edwards, D.D.S., Fuquay Springs, N. C.

\* \* \*

**"The Immediate Replacement of Anterior Teeth Using Trupontic Facings"**  
R. F. Graham, D.D.S., Rowland, N. C.

**"Denture Base Materials"**

(Courtesy Bureau of Standards, Dr George C. Paffenbarger,  
Research Associate)  
H. O Lineberger, D.D.S., Raleigh, N. C.

\* \* \*

**"Direct Inlay Technic"**

Dan Wright, D.D.S., Greenville, N. C.

SYNOPSIS: Showing the method of taking direct inlay patterns with emphasis on the warm hand.  
Technic on interproximal surfaces.

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**"Cavity Preparation"**

G. S. Alexander, D.D.S., Kannapolis, N. C.  
L. C. Holshouser, D.D.S., Rockwell, N. C.

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**"Pyorrhea Treatment"**

C. D. Wheeler, D.D.S., Salisbury, N. C.

SYNOPSIS: All instruments and drugs necessary to treat this condition successfully will be shown.

**"Silver Nitrate in Dentistry"**

Thomas Nisbit, D.D.S., Charlotte, N. C.

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**"Some Uses of Zinc Oxide"**

J. B. Freedland, D.D.S., Charlotte, N. C.

\* \* \*

**"Baked Porcelain Bridge Work"**

Bernard N. Walker, D.D.S., Charlotte, N. C.

\* \* \*

**"Extractions and Impactions and Post Operative Treatment"**

N. P. Maddux, D.D.S., Asheville, N. C.

SYNOPSIS: An endeavor will be made to show the amount of bone, if any, removed in the removal of teeth. The slides will show, before and after, extractions—when and why unerupted third molars should be removed as an aid to the Orthodontist.

\* \* \*

**"Anterior Centric Record Models—Demonstrating Their Many Uses and the Advantages of a New Method Procedure"**

Robert N. Harper, D.D.S., Danville, Virginia

\* \* \*

**"Mandibular Fractures—Methods by Which the Majority Can Be Reduced and Immobilized"**

Vaiden B. Kendrick, D.D.S., Charlotte, N. C.

\* \* \*

**"Indirect-Direct Inlays"**

B. McK. Johnson, D.D.S., Greenville, N. C.

SYNOPSIS: Demonstrating points of interest used in above technic.

**12:00 a.m.** Lecture—"Assisting the General Practitioner in Restorative Dentistry"

By Walter T. McFall, D.D.S., Asheville, N. C., formerly Chief of Dental Staffs of Greenville City and Emma Moss Booth Memorial Hospitals in Greenville, S. C., Past Secretary-Treasurer and President of The American Society for the Promotion of Dentistry for Children; Past Secretary, Vice-Chairman and Chairman of the Section on Children's Dentistry and Oral Hygiene of the American Dental Association; Editor of the children's dentistry section of the International Journal of Orthodontia and Children's Dentistry, Member of Editorial board of The Review of Dentistry for Children, Appeared before many state Dental, Medical, Civic and Lay Groups, Author of many articles in Oral Hygiene, Dental Survey, The Dental Cosmos and numerous State Dental Journals.

**SYNOPSIS:** I will try to bring to the average dental practitioner those manifold opportunities for making seemingly complicated mouth conditions more simplified by utilizing and employing modern and approved methods in orthodontics when and where indicated. Many a rotated or malaligned tooth or teeth can sometimes be brought into harmonious and workable alignment, assuring a more healthful, serviceable, and pleasing end result. Orthodontics has many contributions to make to general dentistry and is daily assisting the dentist not only to better fulfill his obligation and responsibility to the child but to the adult as well. This subject will be illustrated with slides and models; it is practical and down-to-earth.

**1:00 p.m.** Lunch

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**TUESDAY AFTERNOON, MAY 7th**

**2:00 p.m.** Lecture—"Relationship of Oral Diseases to Gastrointestinal Dysfunction"

By Daniel F. Lynch, D.D.S., F.A.C.D., Washington, D. C. Professor of Anesthesia, Georgetown University School of Dentistry 1928-1935; Associate Professor of Oral Surgery, Georgetown University School of Dentistry 1928-1935; Instructor in Oral Surgery, Georgetown University Medical School, 1928-1935; Special Lecturer, George Washington University Medical School; Lecturer in Anesthesia, Georgetown University, School of Oral Hygiene 1928-1935; Lecturer in Oral Hygiene, School of Nursing at Georgetown Hospital and Sibley Hospital; Secretary, Research Commission, American Dental Association, Official representative of the Government of the United States of America at the 9th International Dental Congress, Vienna, Austria, August 2-8, 1936, Author of many published papers for The Journal of the American Dental Association and others.

**SYNOPSIS:** An effort will be made to stress the relationship of oral infections to gastrointestinal dysfunction. Oral diseases as an index in diagnosis of gastrointestinal diseases will be elaborated upon. The material to be discussed will be of a practical nature and will be supported with clinical cases. Lantern slides showing various degrees of oral infections will be shown. The signs and factors that are basic in oral interpretation of the X-rays will be demonstrated.

**3:00 p.m.** Lecture—"Modern Concepts of Gastritis—Its Prevention and Treatment, with Particular Emphasis on Its Relationship to Dentistry," with slides.

By Roy Lyman Sexton, B.S., M.D., 1801 Eye Street, N. W., Washington, D. C., Chief of Gastro-enterology, Doctors Hospital, Medical Center, Washington, D. C., Chief of Faculty



Medicine Sibley Memorial Hospital, Lucy Webb Hays Training School; Charter member International Society of Gastroenterology; Chairman of United States delegation to the Congress on Gastro-enterology, Paris, 1937 and Congress on Hepatic Insufficiency, Vichy, France. Dr. Sexton was probably the first physician in the United States to do Gastrosopic photography using black and white and color film through the Schindler Gastroscope.

**SYNOPSIS:** The various pathological phenomena of the stomach, which are caused by oral infection, are demonstrated in colored photographs taken through the gastroscop, or reproduced from artist's drawings. The microscopic sections of the wall of the stomach are shown to show the cellular pathology present. The various stages of the development of every type of gastritis and organic lesions of the stomach are illustrated, particularly the pre-cancerous lesions and their development into cancer are shown in these slides. The clinical pathology of certain well-known conditions of the stomach are also shown, and compared with conditions most commonly associated with oral infection.

**4:00 p.m.** Lecture—"Activities of the American Dental Association"

By Arthur H. Merritt, D.D.S., F.A.C.D., President of The American Dental Association, 580 Fifth Avenue, New York, N. Y. Visiting lecturer periodontia, New York University College of Dentistry; Past President, First District Dental Society, New York Academy of Dentistry, American Academy of Periodontology, Author text book Periodontal Diseases, Diagnosis and Treatment 1930, Second edition 1939; Member of The American Association for the Advancement of Science, The American Academy of Periodontology, The Royal Society of Medicine of England and Associate fellow American Medical Association; Recipient Fauchard gold medal 1932.

**6:30 p.m.** Annual Banquet (Dining Room)  
Presentation of President's Emblem

**8:00 p.m.** General Session (Ball Room)  
Election of Officers  
Election of Two Members to the State Board of Dental Examiners  
Election of Delegates and Alternates to the Meeting of the American Dental Association  
Selection of Place of Next Meeting

**9:00 p.m.** Meeting of House of Delegates (Parlors 1-2-3—Mezzanine Floor)  
Business Meeting  
Final Reports of Committees

**10:00 p.m.** Dance (Ball Room)

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**WEDNESDAY MORNING, MAY 8th**

**9:00 a.m.** Pictures (Ball Room)  
"Men and Machines," National Industrial Council  
By H. O. Lineberger, D.D.S., Raleigh, N. C.  
"Anatomy of Head and Neck"  
"Engine Driven Surgical Mallet"  
By Kenneth C. Johnson, D.D.S., Raleigh, N. C.

**9:45 a.m.** Progressive Clinics, Visiting Clinicians (Admission by card only) (Dining Room)

Clinic: "All Phases of Operative Dentistry Garnished Lightly with Gold Foil"

By Herbert Ely Williams, D.D.S., Red Bank, N. J.

Clinic: "Cavity Outlines" (Back Mezzanine—Mezzanine Floor)

S. S. Arnim, D.D.S., Medical College of Virginia, Richmond, Virginia

Clinic: "Complete Dentures" (Parlors 1-2-3—Mezzanine Floor)

W. H. Wright, D.D.S., Ph.D., F.A.C.D., Pittsburgh, Penn.

SYNOPSIS: Dr. Wright will present a film showing the important steps in complete dentures, including the establishing of the vertical dimension of the denture space, recording centric jaw relation, adjusting the articulator, trial dentures, and insertion of the completed dentures.

**9:45 a.m.** Section I—Dr. H. E. Williams  
(Dining Room)

Section II—Dr. S. S. Arnim  
(Back Mezzanine)

Section III—Dr. W. H. Wright  
(Parlors 1-2-3)

**10:30 a.m.** Section III—Dr. H. E. Williams  
(Dining Room)

Section I—Dr. S. S. Arnim  
(Back Mezzanine)

Section II—Dr. W. H. Wright  
(Parlors 1-2-3)

**11:15 a.m.** Section II—Dr. H. E. Williams  
(Dining Room)

Section III—Dr. S. S. Arnim  
(Back Mezzanine)

Section I—Dr. W. H. Wright  
(Parlors 1-2-3)

**12:00 a.m.** Meeting of House of Delegates (Ball Room)

Business Session

General Session

Installation of Officers

Adjournment

## NOTICE—MEDICAL TECHNOLOGISTS

At the request of the Surgeon General of the Army and in compliance with its policy of cooperation with both the Army and Navy, the American Red Cross, as an expansion of its peace-time service for the military forces, has undertaken the enrollment of various types of medical technologists who are willing to serve in the Medical Department of the Army or Navy if and when their services are required at the time of a national emergency.

Persons with the following qualifications will be enrolled: Chemical Laboratory Technicians (male), Dental Hygienists (male and female), Dental Mechanics (male), Dietitians (male and female), Laboratory Technicians (male and female), Meat and Dairy Hygienists (Inspectors) (male), \*Nurses (male), Occupational Therapy Aides (male and female), Orthopedic Mechanics (male), Pharmacy Technicians (male and female), Physical Therapy Technicians (Aides) (male and female), Statistical Clerks (male and female), X-Ray Technicians (male and female).

General qualifications for enrollment are as follows:

1. Citizens of the United States.
2. Ages 21-45 years (Army); 18-35 (Navy—*men only*)
3. Physically qualified. Applicants must pass a satisfactory physical examination, according to standards set respectively by the Army and Navy Medical Departments.
4. Women applicants must be unmarried.
5. All applicants must express a willingness to serve as a technologist in time of a national emergency.

Male technologists will be eligible for enlistment in the Army as non-commissioned officers in the grades of sergeant, staff sergeant, or technical sergeant. Women technologists, and men who enroll but who may later be found physically unqualified for military duty, will be eligible for employment by the Army as civilians.

For the Navy, male technologists will be eligible for enlistment in the Naval Reserve as Petty Officers—Pharmacist's Mate 3d, 2nd, and 1st Class and Chief Pharmacist's aMte (acting appointment). Women technologists are not eligible for service in the Navy under present plans.

The Medical Department of the Army will require a considerable number of technologists in each of the above named groups. The Navy Medical Department requirements will be similar except for dietitians, occupational therapy aides, orthopedic mechanics and dairy and food hygienists (inspectors) who will not be needed. Notwithstanding the maintenance of this enrollment, the Navy also desires peace-time enlistment in the U. S. Naval Reserve, and male technologists who wish to enlist in the Naval Reserve are urged to communicate direct with the Commandant of the Naval District in which they reside. The address of their Commandant will be furnished upon request.

Technologists who qualify according to these general standards and who are willing to enroll for service as outlined above should communicate with The American National Red Cross, Washington, D. C.

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\*This group will not be members of the Army or Navy Nurse Corps which under basic law are limited to females, but will be used as technologists for service auxiliary thereto.



## FIRST DISTRICT

President.....	WALTER E. CLARK, Asheville
President-Elect.....	W. K. CHAPMAN, Sylva
Vice-President.....	RALPH COFFEY, Morganton
Secretary-Treasurer.....	WM. M. MATHESON, Boone
Editor.....	DAVID ABERNETHY, JR., Hickory

## LET US KEEP PACE

Before this Bulletin is published we shall celebrate the 100th anniversary of American Dentistry. The members of the dental profession have made progress in every branch of the work. With the advantage we have of the first century of dentistry we are better fitted for greater progress in the second century if we use the opportunities presented us.

Those of us who are privileged to start on this second hundred years record of our profession should dedicate our service more whole heartedly to the field of preventive dentistry. The first period was devoted largely to patching and repairing the ravages of caries. With the education of our patients on a well balanced diet, the application of Vitamin therapy, the importance of regular and thorough diagnosis we can render a more useful service.

If we are to keep pace with other professional organizations we need every ethical dentist enlisted in the local, state, and national societies and by the same token these unenlisted men need the societies. So there should be a concerted effort to enlist these men that they may join the march of progress.

Our state officers have arranged a well balanced and constructive program for the meeting in Charlotte May 6-7-8 and the Charlotte dentists know how to welcome the state delegation, therefore, let us go early and stay until the president sounds the gavel at the last session.

W. E. CLARK, *President*

## FIRST DISTRICT VIEWS

After what has been one of the worst winters in years we eagerly anticipate spring again. We've often wondered why spring has always been so celebrated in song and story and after all this cold and snow we begin to see why.

We expect great things at this meeting in Charlotte this spring. As we have mentioned in the past we have observed a heart warming sense of fellowship among the men in the "Queen City." That spirit of cooperation should be able to turn out a fine program and we are going to expect one of our finest meetings this year.

After attending meetings for about six years we have been disappointed at the apparent lack of interest displayed by some of the men who attend year after year but take seemingly very little interest in the proceedings (except the social side). These men are, we believe, defeating the purpose for which the society was intended, as well as being unfair to their practice, who, seeing "John Smith attended ———" fully expect John Smith to come back with any latest improvements which might possibly make their next dental visit a little more pleasant. We should be very interested indeed to know for the sake of curiosity how these men—lukewarm in their interest year after year, compare with the men who are really doing their best to carry the load of organization.

This is being written on the anniversary date, and we look back and wonder about the high ideals, the unselfish farsighted work of those fathers of modern dentistry. They helped make it possible for us to practice in nice shiny offices, with good anesthesia and a knowledge of how to get good results—yet their work is still unfinished, just begun in fact. Better materials, more research on drugs, higher standards, better equipment, more patient education are just a few of the targets we have to aim for. These can be attained gradually by organization, not by the individual, but through the society. What will dentistry be like in 2040? We are carrying the torch now—handed down by Hayden and Harris. How far will YOU speed it on its way?

## IN PASSING

We think dentistry has a crying need for more advertising. Shocking? We mean advertising—its benefits—not the superior skill or technic of any individual dentist. We have a product to sell—our services—and in this age where everything is advertised, even religion—we have failed to display our benefits in a convincing way, so that they might become desired rather than submitted to in a resigned attitude in emergency. We need to dress our show windows for a public willing to spend millions on theatres and beauty parlors but not one cent on decaying teeth.

Although that famous Chinese scholar has been quoted and misquoted to death recently, we referred to him in our article last year so we will take the liberty of doing so again; Confucius say: "Man with petty jealousy toward brother practitioner suspected of ulterior motive." "Priceless ingredient in every dental restoration is honesty and integrity of dentist." (with apologies to a drug concern) "Sweetest recompense for dentist is appreciative patient." "Biggest practice builder—not social contacts—is work well done." "Dentist who only play golf at dental meeting, only improve in—golf."



## TRI-COUNTY NEWS

The Tri-County has had a varied year of activity. Recently a program was devoted to a review of the constitution and by laws with a view towards a closer knit organization with closer adherence to parliamentary law.

At the March meeting in Valdese, Dr. O. W. Owen, orthodontist from Charlotte gave a series of pictures on instruments and construction of types of appliances used in orthodontia. Dr. W. M. Mattheson read a summary of an address on the Centennial and stressed the value of continued cooperation to accomplish even greater objectives in the future. Plans were made for the combined meeting with the Catawba Valley Medical Society to be held soon.

## PURELY PERSONAL

Seems like old times to have Carl Mott up and around again. Hope he continues to grow stronger.

Received dozens of fishing catalogs recently. They are as sure a sign of spring as the first robin and the seed catalogs.

P. P. Yates is completing a new home. When asked whether he was going to live by himself, he replied, "not if I can help it." So it looks as if we may have wedding bells this spring.

Dr and Mrs. Marshall Barringer expect a "blessed event" in May.

Dr. Jimmy Little remains a perennial mystery to us. A grand "young fellow" and the life of the party after many, many years of practice—his is a record to be shot at and envied.

Bill Yelton has a new arrival—a daughter, Melissa, born January the 25th.

Mrs. Dennis Cook is recovering, we are glad to hear, from complications following an appendectomy.

## DISTRICT NEWS

Received a letter from Dr. Barker in Asheville including a clipping on Pansy, highly intelligent dog of Dr. J. R. Osborne. According to the columnist this pet of Dr. Osborne's can do most everything except talk. Dog lovers who may be interested in acquiring a Springer Spaniel, one of Pansy's babies—can write Dr. Osborne in care of his "Rockpile Kennels," Shelby.

Dr. W. M. Matheson, secretary of the first district, informs us of two new members—Dr. Walter T. McFall, Asheville, transferred from the fifth district of Tennessee. He is an orthodontist. Dr. E. T. Glenn, transferred from the fourth district to Boone, N. C.

That's all 'til next time. Hope to see you all at the meeting in Charlotte.

DAVID ABERNETHY, *Editor*

SECOND DISTRICT

President.....	J. H. GUION, Charlotte
President-Elect.....	A. S. BUMGARDNER, Charlotte
Vice-President.....	W. A. INGRAM, Monroe
Secretary-Treasurer.....	C. A. BARKLEY, Winston-Salem
Editor.....	J. P. REECE, Concord

GO FORWARD, DENTISTRY

You are not called upon to help organize dentistry but to join Organized Dentistry in its second century of progress. It is a privilege to be a member of the American Dental Association. Every Dentist owes his profession something for the progress made and it is up to the individual dentist to continue this progress. It is a known fact that the future of dentistry depends upon the collective efforts of the profession. Let's make every effort this year to induce the non-member to join. In so doing we strengthen our organization and help the individual dentist. Your officers need your help, your criticism and your suggestions.

CARL A. BARKLEY, *Secretary-Treasurer*

ON TO CHARLOTTE

The annual meeting of our State Society is again being held in our District. Charlotte is the place, and the first week in May is the time. Since our District is host to the meeting, the least we, as members, can do is to attend. We owe it to the Society, to our patients, and to ourselves to attend the State meetings.

A splendid program has been arranged. The arrangement and entertainment committees are working diligently to take care of us and show us a good time while in the Friendly City. So, we'll see you in Charlotte on May 6th.

J. P. REECE, *Editor*

THIRD DISTRICT

President.....	W. R. MCKAUGHAN, High Point
President-Elect.....	R. A. WILKINS, Burlington
Vice-President.....	J. H. HUGHES, Roxboro
Secretary-Treasurer.....	A. W. CRAVER, Greensboro
Editor.....	O. L. PRESNELL, Asheboro

OUR CONTRIBUTION\*

A treatise on today's contribution to dentistry would compel the writing of volumes, and to attempt more than a mere outline of it would certainly require considerably more time than has been allotted to me this evening.

I will attempt in these few minutes to tell you something of the standards and practice of present day Dentistry, but first allow me to pay tribute to

\*Read at the Centenary Celebration Dinner. March 11, 1940, Greensboro, N. C.

those two truly great men, Drs. Hayden and Harris. I believe their obstinate determination, to lay the foundation for such a much needed science, has proved to be one of the most successful steps yet taken, to appease human suffering and advance general health. If they were with us this evening, profound astonishment would probably be much less obvious in their reaction than in yours, when told that more than 46,000 well schooled and expertly trained men are now carrying forward successfully, their apparition of a century ago.

A century doesn't seem such a long time when you review the progress made and the height reached by the dental profession, but within the scope of our memory so many contributions have been made, that it would be superfluous to discuss them. To mention a few will suffice.

In no period during this span of time have we grown by leaps and bounds as in recent years. There are those among us this evening who well remember when we were a mere handful as compared to our thousands of 1940.

We have not only grown in numbers but in knowledge as well. No longer is it necessary for any clientele to make trips to distant towns or cities to obtain the best, or advanced dental services. The Dentist practicing in the most remote little cross road town has the very latest and best, brought to him by way of clinics and scientific essays, through local, district, state, and national dental societies. These clinicians and essayists are men of renown, many of whom have spent years in study and research. Dental research associations have been established to promote broadly the advancement of active research in all branches of dental science, and in related phases and science that contribute directly to the development of dentistry, and which add to the knowledge of the mouth and teeth and of their relations to the body as a whole.

The formation of the American Association of Dental Schools in 1923 has proved quite a contribution of our day, by its thorough study and discussions of the needs and problems of dental education: by improving public understanding and appreciation of the quality and value of dentistry; and by maintaining dental education in full accord with the highest requirements of professional education in the public service. School curriculums have been raised to the present high standard, requiring two years of college preparatory work, and four years in an accredited Dental College with a uniform course of study. Such subjects as Embryology, Histology, Physiology, Pathology, Psychology, Anatomy, Chemistry and many other of the sciences are thoroughly covered. Today there are about fifty such schools in America.

Legislative enactments sponsored by the profession have been conducive in maintaining a high ethical standard and protect the laity from quackery. Today our state boards of Dental Examiners are of a dignified intellectual caliber, capable of judging competent men. In North Carolina this board is appointed by the Governor, after recommendation is made by the North Carolina Dental Society, and it has been invested with the power to revoke licenses where justifiable as well as grant them. In our State there is a law that each county board of health shall have on its membership at least one dentist, provided a dentist lives within the confines of the county. At present the Vice-President of the State Board of Health is a dentist. The larger hospitals are fast recognizing the need of dental internes and are adding them to their personnel.

The teaching of mouth health is proving its worth as an integral part of our Public Health Program. Every worthwhile, up to date Dentist spends untold

hours in his office instructing his patients in Oral Hygiene and Preventive Dentistry. These well spent hours however are only the beginning. Let us review briefly some of the activities of the Oral Hygiene Divisions of our own State Board of Health which is being carried out in the Public Schools. This work is no longer an experiment, but an investment in Child Health, which has paid tremendous dividends, not only in the reduction of children who were repeating their grades, but also in the behavior of the children. Mouth health programs were conducted in sixty-one counties and four city units during the school year 1937-1938, by a staff of thirty all time Dentists. These Doctors go into the schools and teach care of the mouth Didactically and through demonstration. Three thousand six hundred and seventy-six such lectures were given before 174,036 children last year. After these instructions the children are examined and classified as to their ability to pay for dental services. Those able to pay are referred to their family dentist, and corrections are made for the underprivileged without any cost. During the last school year 80,073 such children were given the necessary dental correction, totalling 305,799 operations. In a recent report submitted by the Division of Oral Hygiene of the State Board of Health we find this statement. "The Division of Oral Hygiene recognizes that it could not function without the whole hearted sympathy and cooperation of organized dentistry, and it therefore goes hand and glove with the North Carolina Dental Society."

One needs only to observe the environment in his own dentist's office, and his modern methods of practice, to realize that the individual dentist too, is making contributions to this progress. The arts of the mechanical part of dentistry speak for themselves. Innumerable discoveries have been made, and when perfected, have been graciously given to the profession, for the betterment of those it serves.

We accept the challenge from those great pioneers, and bear aloft with pride the torch entrusted us. And when we too have stepped aside, may the sons and daughters of tomorrow accept our contribution, and achieve far greater things.

W. R. MCKAUGHAN, *President*

### THIRD DISTRICT

It is the year 1940, a year of great significance in the history of dentistry for we are celebrating our first centennial. From far and wide we are gathered together to acclaim the accomplishments of a hundred years which have seen the profession advance to its recognized position in the field of science. The colorful parade of progress passes in review before us. We see Nutrition, bedecked in robes of carbohydrates, fats, and proteins, riding behind a team of prancing vitamins; Prosthesis, in a gay chariot of lustrous pink denture base mounted on a chassis of balanced formulae gold with chrome alloy wheels; Ceramic resplendent in a porcelain jacket of anatomic contour and life-like coloring. Operative Dentistry, Exodontia, Orthodontia and all the other branches of dental art follow in awe-inspiring grandeur. The end of the procession approaches and the crowd begins to turn away, but suddenly their attention is attracted to the last figure in the parade. A woeful, battle-scarred personage, lame, and in soiled and tattered raiment. Surely this character has no place in this gathering. But wait, there is a placard about his neck. Upon it is inscribed the word "ETHICS."



For several years Dr. J. S. Betts, of Greensboro, has been practicing a hobby that is unique and interesting. When he learns of a blessed event in the family of a patient or friend he presents the newcomer with a small glass engraved with his or her name and the birth date. Using a small stone for his cutting tool he executes his handiwork with all the skill of a professional. The little tots are not the only ones to be remembered by him. For example, his gift to a recent bride was a set of very fine tea glasses beautifully engraved with the names of the bride and groom and the wedding date. What a joy has this man derived from his hobby, and what an enviable memory rests in the hearts of those he has remembered.

Dr. John Swaim, of Asheboro, used to say that to be afflicted with fishing fever was worse than having the itch, because you could cure the itch. But that was before he was bitten by the golfococcus.

And speaking of golf brings to mind an incident purported to have occurred on occasion of the Third District golf tournament last fall. Starting his round, Dr. J. S. Spurgeon, of Hillsboro, made a lusty swing on the first tee and missed the ball. Obviously a bit chagrined, he took a new stance and swung again with like result. After a third effort left the ball undisturbed, he stepped back, mopped his perspiring brow, and remarked, "Gosh, this is a darned tough course."

Dr. J. N. Caudle, for some time with the dental division of the State Board of Health, has located in Greensboro in the offices formerly occupied by the late Dr. O. W. Thrift.

Dr. J. B. Richardson, for a number of years in practice in High Point, has closed his office there and gone to Hawaii.

Congratulations to the Guilford County Dental Society on its selection of Dr. Sam Shaffer as President for this year. It is a foregone conclusion that Sam will render efficient service.

The Guilford County Dental Society joined with more than two hundred invited guests consisting of city officials, heads of civic clubs and other prominent citizens of the community in celebrating the Hundredth Anniversary of Professional Dentistry, March 11, 1940, at the O. Henry Hotel.

A well-rounded program was given and it was considered by those present to be one of the most outstanding meetings ever held in Greensboro in connection with the profession of dentistry.

Dr. G. R. Salisbury was called to California recently on account of the sudden death of his father. Dr. Salisbury had only returned from California a few weeks where he had been on an extended visit. His many friends extend their sympathy.

Born, to Dr. and Mrs. Robert E. Long, Roxboro, N. C., a son, William Earle, February 27, 1940.

O. L. PRESNELL, *Editor*.



### DR. CARL PRITCHARD NORRIS

The dental profession lost one of its most outstanding members in the death Dr. Carl Pritchard Norris, who died at his home in Durham, North Carolina on Friday, March 1, 1940 at 10:45 P. M.

While sitting with his family, chatting by the fireside, he suffered a heart attack which lasted only a few minutes, and the end came peacefully and quietly, as physicians were ministering unto him. He had not been in normal health for the past two months, but he kept up his work at the office and no one feared any immediate danger.

He was married June 8, 1910 to Miss Louise Elizabeth Wyatt of Raleigh. She, with three daughters, Mrs. A. Derwin Cooper, Misses Louise Elizabeth, and Marion Pritchard Norris and one grandson, Master Carl Lloyd Cooper survive him, as does his mother, one sister and two brothers.

Dr. Norris was one of Dentistry's finest Christian gentlemen, strictly ethical and loyal to his profession. It was his privilege to minister to scores of people who loved him and appreciated his splendid work. His passing is keenly felt by those who were daily associated with him, and the Dental Society at large will miss his presence and genial smile together with his words of wisdom. He was truly one who "lived by the side of the road and was a friend to man."

HENRY C. CARR.

### DR. J. W. GRIFFITH

We note with regret the recent passing, at the home of his daughter, Mrs. H. R. Avis, Winston-Salem, of Dr. J. W. Griffith, who practiced dentistry in Greensboro for many years, locating here in the early '70s, and retiring from active practice about 1922. He was a brother of the late Dr. J. F. Griffith, Salisbury, N. C., who was secretary-member of the N. C. State Board of Dental Examiners for a period of years.

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## LOOKING FORWARD

When you get this Bulletin most of you will have returned from the Centennial meeting, and will be looking forward to the State meeting in Charlotte. Habit is a wonderful thing, and once you form the habit of attending Dental meetings it is hard to stay away.

The members of the fourth district are looking forward to our meeting on March eleventh. We are looking forward to this wonderful opportunity of showing the public the progress that has been made in dentistry during the one hundred years as an organized profession.

As soon as the Centennial meeting is over, we will start looking forward to the State meeting. Our State Society ranks with the best, and attendance is always good. The officers and committees have arranged an excellent program for our help and inspiration at Charlotte. Can we find anywhere a place better fitted to enjoy a short vacation and the renewal of friendship?

The way to enable yourself to be worth more to your community in your chosen profession is by attending meetings and exchanging ideas with your fellow practitioners. This keeps one abreast of any advancement in the profession.

Let's keep the bond of friendship and personal interest by seeing one another at the State meeting in Charlotte.

W. W. RANKIN.

## THE FOURTH DISTRICT MARCHES ON

Again the Fourth District is headed for a most successful year, under the leadership of our President, Dr. W. W. Rankin.

I believe that one of the biggest events of the year is the celebration of Dentistry's Centenary over the United States. I am sure, if the members of every district work as hard and cooperate as well with their officers as those of the Fourth District have with us, that nothing can prevent this from being the greatest dental educational program ever put before the public.

Speaking of educating the public, it was my privilege to be shown over the Oral Hygiene Department of the State Board of Health the other day, and, frankly, I was amazed at the great program being carried out there. The thousands of pieces of printed material alone that are being regularly put into the hands of school children, to say nothing of the many other methods employed for spreading the gospel of dentistry, quickly convinced me that this work was invaluable to the public, as well as to the profession itself.

Being secretary, of course, I could not miss this opportunity to remind those members who have not paid their dues that it would be very nice for them to do so at once.

K. L. JOHNSON, *Sec.-Treas.*

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## FIFTH DISTRICT

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Editor.....	JUNIOUS C. SMITH, Wilmington

## DENTAL CARIES AND THE INTESTINAL FLORA

Recently I spent an afternoon with Dr. T. S. Anderson, of London, England, who has been in the United States for the past month furthering his research work on the cause of dental caries. Dr. Anderson and Sidney Linfoot are doing

this work together. Their investigation has revealed an association between caries susceptibility and the presence of certain atypical coliform organisms in the stools. Diluted preparations of the coliform organisms, isolated from the stools of the patient, are given to the patient by injection or orally, bringing about a change in the saliva from acid to the alkaline side and reducing, or in some cases, eliminating caries over a period sufficiently long to warrant the continued use and interest in the method and investigations.

Here is a summary of their work so far. This is taken from the British Homoeopathic Journal:

"1. Susceptibility to dental caries is associated with an increase in salivary Hydrogen Ion concentration.

"2. Lacto Bacillus Acidophilus has been grown from the saliva of caries susceptible individuals in greatly increased counts.

"3. The PH. of faeces from caries susceptible individuals is definitely acid.

"4. L. Bacillus Acidophilus may be cultured freely from the faeces of caries susceptibles and the organism is either absent or only sparsely present in the stools of caries free individuals. It appears to be absent from the dejecta of caries immune animals.

"5. Caries susceptibility is associated with the presence of atypical coliform organisms in the stools.

"6. Potencies prepared from the atypical organisms of the coli group have been observed, in treatment, to alter the PH. of the saliva to the alkaline side and bring about an apparently reduced incidence of dental caries."

It will be very interesting to follow the further results of these men.

JUNIUS C. SMITH,  
*Editor Fifth District.*

The many friends of Dr. J. E. L. Thomas will be interested to learn that Dr. Thomas has entered the Naval Service and is at present stationed at Parris Island, S. C.

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Charlotte has an area of 19.36 square miles, an altitude of 780 feet above sea level, and a mean annual temperature of 60.2° F.

- \* \* \*

North Carolina is now the first state in knit goods manufacture in the South, with Tennessee second.

\* \* \*

On February 2, 1938, there were 3,815 people to each dentist in North Carolina.

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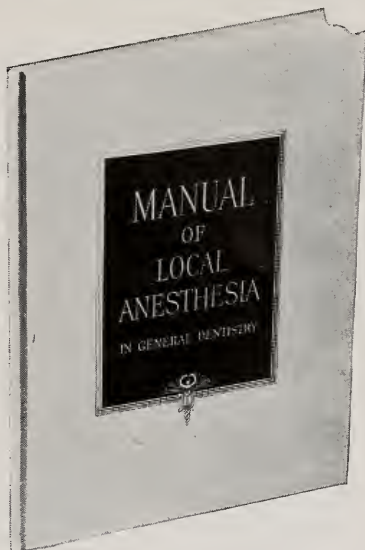
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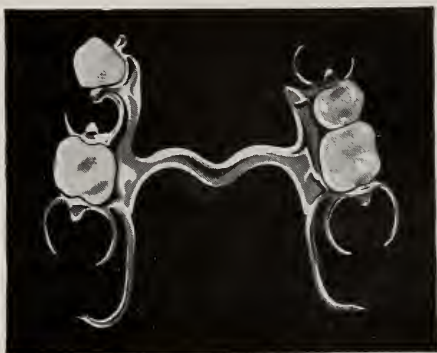
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